FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000056525**1. Corporation Name

Principal Place of Business

STAR CLEANING USA, INC.

8848 N.W. 112TH TERRACE HIALEAH GARDENS FL 33016		9810 NEW 80 AVE BAY 8T					
		HIALEAH GARDENS FL 33016			DO NOT WRITE	IN THIS SPACE	
		U\$			3. Date Incorporated or Qualifed 07/03/1996		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		65-0684451	 	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				\$8.74	5 Additional
22		27		5. Certifcate of Status Desired		Required	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current	t year Intangible	
24	25	~	30		Personal Property Tax.	☐ Yes	□No
····	9. Name and Address of Curre				10. Name and Address of New Re	gistered Agent	
CON	NTALET EMPIOLIE		81	Name			
GONZALEZ, ENRIQUE 8848 N.W. 112TH TERRACE		82 Street		Street Add	Address (P.O. Box Number is Not Acceptable)		
HIAL	LEAH GARDENS FL 33019		83		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	HANKE	
		•	84	City		□ 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	s the above	e-named corr	poration submits this statement for the pu	FL	inint
office or i	registered agent, or both, in the State	of Florida. Such change was aut	thorized by	the corporati	ion's board of directors. I hereby accept t	he appointment as	registered
			da Statutes	٠. ــــــــــــــــــــــــــــــــــــ	101	/ 2-	
	Note: Series and the series of					L. (7	I .
SIGNATURE	Slanature year or printed name of registered an		G NEU	4	nd whon reinstelling)	7	
12.	Signature open or printed name of registered ag-	ent and title if applicable. (NOTE: F	_	T nt signature require	ed when reinstating)	DATE CERS AND DIRECT	TOPS IN 12
	Signature open or printed name of registered ag-	ent and title if applicable. (NOTE: F	13.	of signature require	ADDITIONS/CHANGES TO OFFIC		
12.	OFFICERS A	ent and title if applicable. "(NOTE: F ND DIRECTORS	13. 1.1 TITLE	T nt signature require		DATE CERS AND DIRECT	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

City-ST-ZIP

150305

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90083 033 ***150.00