

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000047464 (7)
 1. Corporation Name
STAR CLEANING & MAINTENANCE SERVICES, CORP.



Principal Place of Business 4261 NW 3RD ST #RR MIAMI FL 33126	Mailing Address 4261 NW 3RD ST #RR MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4288 NW 4 STREET Suite, Apt. #, etc. 22 23 MIAMI - FLORIDA City & State 24 33126 25 FLORIDA Zip Country	2a. Mailing Address 26 4288 NW 4 STREET Suite, Apt. #, etc. 27 28 MIAMI - FLORIDA City & State 29 33126 30 FLORIDA Zip Country
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3. Date Incorporated or Qualified 05/29/1997	4. FEI Number 65-0810891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent KOSTOVSKI, LLUBISA 4261 NW 3RD ST #RR MIAMI FL 33126	10. Name and Address of New Registered Agent 81 Name KOSTOVSKI LLUBISA 82 Street Address (P.O. Box Number is Not Acceptable) 4288 NW 4 STREET 83 84 City MIAMI FL 85 Zip Code 33126
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when relisting) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input checked="" type="checkbox"/>
NAME	GUTIERREZ, OSCAR	
STREET ADDRESS	4261 NW 3RD ST #RR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DV	<input checked="" type="checkbox"/>
NAME	KOSTOVSKI, LLUBISA	
STREET ADDRESS	4261 NW 3RD ST #RR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	GUTIERREZ OSCAR		
1.3 STREET ADDRESS	4288 NW 4 STREET		
1.4 CITY-ST-ZIP	MIAMI FLORIDA 33126		
2.1 TITLE	DV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	KOSTOVSKI LLUBISA		
2.3 STREET ADDRESS	4288 NW 4 STREET		
2.4 CITY-ST-ZIP	MIAMI FLORIDA 33126		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 as an attachment with an address.

SIGNATURE:  **4-27-98 305 8799344**

CR2E034 (10/97)