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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 311533

(4)

CLEANCO, INC.

Principal Place of Business

Mailing Address

DADO MODTU MIAMI AUCABIC

2466 MODTH MALE AVENUE

FILED Jul 01 1997 8:00am Secretary of State

MIAMI FL 33127				MIAMI FL 33127-3534								
								3. Date incorporated or Qualified 12/01/1966	3a. Date o		eport	
2. Principal Place of Business				2a. Mailing Address			· • · · · · · · · · · · · · · · · · · ·	4. FEI Number				
21			26					59-1209501			t Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.			a secondo de la	5. Certificate of Status Desired	· · · · · · · · · · · · · · · · · · ·	\$8.75 Additional Fee Required		
City & State			28								\$5.00 May Be Added to Fees	
Zip				Zip	Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20				30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
			т неди	stered Agent		81	Name	10, Name and Address of New He	gistered Agei	nt		
BELOFF, MARISUE												
3466 NORTH MIAMI AVE. MIAMI FL 33127				•			Street A	et Address (P.O. Box Number is Not Acceptable)				
						83		•				
						84	City		FL 8	Zip i	Code	
11. Pursuant office or r agent. I a	to the provisions registered agent im familiar with,	s of Sections 607.05 I, or both, in the Stat and accept the obli	02 and 6 te of Flori gations c	607.1508, Florida Statu ida. Such chango was of, Soction 607.0505, F	ules, the a authorize Torida Sta	bove d by lutes	named the corp	corporation submits this statement for the p location's board of directors. I hereby accep	urpose of cha I the appoint	nging it nent as	s registered registered	
SIGNATURE	Signature, typed or p	xinled name of registered a	gent and little	e if applicable (NC	OTE: Registere	d Ager	nt signature	required when reinstating)	DA7(
12.		OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	C			☐ DELETE	1.1 Ti				LJ	Change	Addition 3	
NAME	ELLISON, A				1.2 N							
STREET ADDRESS	101111 = 00000						ADDRESS				ļį.	
CITY-ST-ZIP TITLE	ST	<u> </u>		DELETE	1.4 Ct 2.1 Tt	1Y- S1	I-ZIP			Change	Addition	
NAME	BELOFF, MARISUE			22 N					لحما	Onlange	C Madrillon	
STREET ADDRESS	I amon arisemes mm						ADDRESS				1	
CITY-ST-ZIP	LOLLIN BOLLEN AAAAA			2 4 (
TITLE	P			DELETE 3.17						Change	Addition	
NAME	ELLISON, JA	AMES			3.2 N	AME					İ	
STREET ADDRESS		47H TERRACE			3.3 S	REET.	ADDRESS					
CITY-ST-ZIP	MIAMI, FL 0	0000			3.4. 0	11 Y - S	1-7IP					
TITLE	V			DELETE	4.1 Ti	TLF				Change	Addition	
NAME	ELLISON, BI				4.21	AME.						
STREET ADDRESS		h miami ave.			4.3 S	IREET.	ADDRESS				- 1	
CITY-ST-ZIP	MAMI FL					1Y - S1	I-ZIP					
TATLE				☐ DELETE	5.1 1				Ц	Change	☐ Addition	
NAME					5 2 N			•				
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				DELETE	5.4 C	1Y - \$1	I · ZIP			Change	Addition	
TITLE				L.J DECT IC					L.J	опанус	ווטוווטטא נ_	
NAME CTOCCT ADDOCCO					6.2 N		ADDRESS					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	L				■ 6.4 C	1Y - S1	I-ZIP					

14. I do 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 trusted 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.