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

PROFIT CORPORATION ANNUAL REPORT

1997

Deinoinal Diago of Divinosa



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 478722

(2)

Mailing Addenson

CLEANING EQUIPMENT AND SUPPLY, INC.

FILEI)
Feb 11 1997	8:00am
Secretary of	of State

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т ппогра тта	se or business	Maining Address			1 '			
2701 S W 69 MIAMI FL 331		2701 S W 69TH COURT MIAMI FL 33155-2817				•		
					Date Incorporated or Qualified 06/17/1975		of Last I 6/1996	Report
	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	A	Applied For
21	Н	26			59-1606772			lot Applicable
Suite, Apt 22		Suite, Apt. #, etc			5. Certificate of Status Desired			Additional Required
City & Sta 23	te	City & State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 24	Country 25	Zip 29	Country 30	/	8. This corporation has liability for in		ax under	
24]	9. Name and Address of Curren		30		10. Name and Address of New Reg			
МС	DONALD, JOHN K.		81	Name		,	14	
TH	E LAW CENTER		82	Street Add	fress (P.O. Box Number is Not Acceptabl	e)		
) MINORCA AVE. RAL GABLES FL 33134		83		· · · · · · · · · · · · · · · · · · ·	······································		·
50			84	City			85 Zip	Code
				,	poration submits this statement for the pr	FL	'	
SIGNATURE	am fam liar with, and accept the obliga	nt and title if applicable (N	OTE Registered Ag		ired when reinstating)	DATE		***************************************
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	ST	☐ DELETE	1.1 TITLE			į.	Change	Addition
NAME	FARR, DEBRA		1.2 NAME					
STREET ADDRESS	C/O 2701 S.W. 69TH CT. MIAMI FL 33155			C ADDRESS				
CITY-ST-ZIF TITLE	PV PV	DELETE	1.4 CiTY-1 2 1 TITLE	SI - ZIP		,	Change	Addition
NAME	POURBAIX, ADHEMAR F	Lad Detert	2.2 NAME				Change	L. Hoomon
STREET ADORESS	ATA A ONL ANTIL ANDIES		2.3 STREE	T ADDRESS	•			
CITY-\$1-20P	MIAMI, FL 00000		2. 4 CITY-		÷			
TOTLE		DELETE	3.1 TITLE	·			Change	Addition
NAME			3.2 NAME		•			
STREET ADDRESS			3.3 STREE	I ADDRESS	•			
CITY- \$1-ZIP		De eve	3.4. CITY-	ST-ZIP	·			
TOLE		DELETE	4.1 TITLE			. L	Change	Addition
NAME STOCKE ADDRESS			4. 2 NAME					
STREET ADDRESS			4.3 STREE					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5 5.1 TITLE	51 - ZIP		. T	Change	Addition
NAME			5.2 NAME		÷	٠.	T Aveniño	
STREET ADDRESS				ADDRESS	• • • • •			
CHY-ST-ZIP			5.4 CITY-5	1	•			
TILLE	**************************************	DELETE	6.1 TITLE		······································		Change	Addition
NAMÉ			6.2 NAME					
STREET ADDRESS			6.3 STREET	T ADDRESS				
CHY+S*+ZiP			6.4 CITY - 5	ST-ZIP				
14 Lda bare	the coeffection the information emplies	d with this films done not our			d in Section 118 07/2\(\(\)i\) Elevida Statutos	1 forther c	netific then	t the

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 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 a rayachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone **#**

Date