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

PROFIT CORPORATION **ANNUAL REPORT** 1999

1. Corpora ion Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State **Katherine Harris**

04-27-1999 90046 008 ***150.00

CLEANLOOK CHEMICAL CORPORATION

Principal Place of Business Mailing Address						(IMBIB) Bitte inne hein joilt einer nat eret	# #	1911 97811 1881
14950 NW 25 COURT 14950 NW 25 COU		14950 NW 25 COURT						
OPA LOCKA FL 33054		OPA LOCKA FL 33054			DO NOT WIRITE IN THIS SPACE			
					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		(
6 Dd		2a. Mailing Address				01/10/1977 4. FEI Number	An	plied For
	ace of Business					59-1740504		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75		
22		27			5. Certificate of Status Desired	Fee Re		
— City & S ate		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t		
Zip Country		Zip Country			8. This corporation owes the current year	ntangibje		
24	25	29	30			Personal Property Tax.	Yes	[]No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Kgent/	
				81 1	Name		,	ĺ
RODRIGUEZ, MARCELO				82 5	Street Acdre	ess (P.O. Box Number is Not Acceptable)		
	W. 39 STREET							
HIAL	EAH FL			83				}
				84 (City		. 85 Zip 0	Code
					•	F	LII	
office crr	to the provisions of Sections 607.0502 egistered agent, or bo h, in the State om familiar with, and accept the obligati	⊹f Florida. Such change was ∂	iuthorized	i by the	amed corporation	oration submits this statement for the purpose on's board of cirectors. I hereby accept the app	of changing its ointment as re	r∋gistered gistered
SIGNATUFE						d when reinstating) DATE		
	Signature, typed or printed na ne of registered agent		:: Registered	Agent s	gnature required	d when reinstating) DATE ADDITI(NS/CHANGES TO OFFICERS)	ND DIRECTO	FS IN 12
12.	V OFFICERS ANI	DELETE	_	1.1 TITLE		ADDITION NOT WITHOUT TO SET TO	Change	Addition
NAME	RODRIGUEZ, MARIA ESTHER			12 NAME				
1	531 W. 39TH ST.			1.3 STREET ADDRESS				
STREET ADDRESS	HIALEAH FL			1.4 CITY-ST-ZiP				ļ
CITY-ST-ZIP TITLE	S	☐ DELETE	_	2.1 TITLE			Change	Addition
NAME	RODRIGUEZ, ADRIAN			2.2 NAME				
STREET ADDRESS	531 W. 39TH ST.		2 3 ST	2 3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL			ITY-\$T-2	1			ļ
TITLE	P	☐ DELETE		3.1 TITLE			Change	Addition
NAME	RODRIGUEZ, MARCELO		- 3.2 NA	3.2 NAME				
STREET ADDRESS	531 W. 39TH ST.		3.3 ST	3.3 STREET ADDRESS			= .	
CITY-ST-ZIP	HIALEAH FL		3.4. CI	TY-ST-Z	ZIP			
TITLE	7 111 102-002 74 1 1 40	☐ DELETE	4.1 TIT	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 N	4. 2 NAME				
STREET ADDRESS			43 ST	4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CF	4.4 CITY-ST-ZIP				
TITLE		☐ DELETE		5.1 TITLE			☐ Change	Addition
NAME			5.2 NA	5.2 NAME				
STREET ADDRESS			5.3 ST	5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CI	5.4 CITY-ST-ZIP				1
TITLE		☐ DELETE	6.1 TI	6.1 TITLE			Change	Addition
NAME			6.2 NA	6.2 NAME				
STREET ADDRESS			6.3 ST	TREET AL	DDRESS			
			6.4 CI	TY-ST-Z	ne			
CITY-ST-ZIP		11. 51.				Section 110 07/3/(i) Florida Statutes I further (ortify that the i	ntermation

I hereby certify that the information supplied with this filling 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 13 if changed, or or an attack ment with an anoress, with all other like empowered.

SIGNATURE: