

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

FILED
Apr 10 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 # G85989 (3)
 1. Corporation Name
CLEANSING LAND INC.

Principal Place of Business 5454 GARDEN HILLS CIRCLE WEST PALM BEACH FL 33415	Mailing Address 5454 GARDEN HILLS CIRCLE WEST PALM BEACH FL 33415
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3666 Chesapeake Ct. Suite, Apt. #, etc. 22	2a. Mailing Address 26 3666 Chesapeake Ct. Suite, Apt. #, etc. 27
City & State 23 Wellington, Florida	City & State 28 Wellington, Florida
Zip 24 33414	Country 25 USA
Zip 29 33414	Country 30 USA

3. Date Incorporated or Qualified 02/22/1984	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2194342	
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
**PEREZ, ROBERTO
 5454 GARDEN HILLS CIRCLE
 WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3666 Chesapeake Ct.
83	
84 City	Wellington
85 State	FL
86 Zip Code	33414

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEREZ, ROBERTO	
STREET ADDRESS	5454 GARDEN HILLS CIR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PEREZ, ESMERALDA M.	
STREET ADDRESS	5454 GARDEN HILLS CIR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEREZ, ALAIN	
STREET ADDRESS	5454 GARDEN HILLS CIRCLE	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3666 CHESAPEAKE CT.
1.4 CITY-ST-ZIP	WELLINGTON, FL 33414
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3666 CHESAPEAKE CT
2.4 CITY-ST-ZIP	WELLINGTON, FL 33414
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3672 CHESAPEAKE CT
3.4 CITY-ST-ZIP	WELLINGTON, FL 33414
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE: *Esmeralda M. Perez* **ESMERALDA M. PEREZ**
 4/1/98 (56) 790-4871

CR2E034 (10/97)