

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H86093 (2)

1. Corporation Name

SUNSHINE CONSTRUCTION CLEANING, INC.



Principal Place of Business

15455 SW 110 TERRACE
MIAMI FL 33186
US

Mailing Address

P.O. BOX 960085
MIAMI FL 33296
US

3. Date Incorporated or Qualified
11/15/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 15869 SW 85 STREET

26 P.O. BOX 960085

4. FEI Number

59-2606043

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI, FL

28 MIAM, FL

Zip

Country

Zip

Country

24 33193

25 DADE

29 33296-0085

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARDOSO, HELCIO
15455 S.W. 110 TERRACE
MIAMI FL 33196

81

Name

HELICIO CARDOSO

82

Street Address (P.O. Box Number is Not Acceptable)

15869 SW 85 STREET

83

84

City

MIAMI

FL

85

Zip Code
33193

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME CARDOSO, HELCIO
STREET ADDRESS 15455 S.W. 110 TERRACE
CITY-ST-ZIP MIAMI FL

DELETE

1.1 TITLE D, P, S, T
1.2 NAME HELCIO CARDOSO
1.3 STREET ADDRESS 15869 SW 85 STREET
1.4 CITY-ST-ZIP MIAMI, FL 33193

Change Addition

TITLE P
NAME CARDOSO, PRISCILA C
STREET ADDRESS 15455 S.W. 110 TERRACE
CITY-ST-ZIP MIAMI FL 33196

DELETE

2.1 TITLE VP
2.2 NAME PRISCILA C. CARDOSO
2.3 STREET ADDRESS 15869 SW 85 STREET
2.4 CITY-ST-ZIP MIAMI FL 33193

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: PRESIDENT

4-23-96 305 383-7718

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)