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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

K47040

DOCUMENT # K47040 (6) 1. Corporation Name J.L.S. NORTH BEACH CLEANER, INC.							
Principal Place o	f Business	Mailing Addres	s			. 8811 Pibli 41811 Bidli 6	1991 9:4:0 8(8)) (40)
7134 ABBOTT MIAMI BEACH		7134 ABBOT MIAMI BEAC					
		1			3. Date Incorporated or Qualified 11/23/1988	3a. Date of Las 08/10/	
2. Principal Plac	e of Business	2a. Mailing Add	iress JAME		4. FEI Number		Applied For
<u> </u>	SAW6	26			65-0097590	\$8	Not Applicable 75 Additional
Suite, Apt. #,	etc.	Suite, Xfst.	#, etc.		5. Certificate of Status Desired	T	ee Required
City & State		City & Stat	8		6. Election Campaign Financing		.00 May Be
3		28			Trust Fund Contribution	AC	ided to Fees
Zip	Country	Zip	h	ountry	This corporation has liability for Florida Statutes	intangible tax tinde :	irs 199.032,
<u>. </u>	g. Name and Address of Curro	29 ent Registered Ager	[30]	1	10. Name and Address of New F		· · · · · · · · · · · · · · · · · · ·
	g. Hame and Address of Con-			81 Name			
JOSE L. SALAZAR			82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
	H BEACH CLEANERS						
	BOTT AVENUE			83			
MIAMI BE	EACH FL 33141			84 City		FL 85	Zip Code
familiar with	d agent, or both, in the State of Fix agent accept the chilipations of, Se	02 and 607.1598, Flo orida. Such mange was ection 607.0505, Florid	a Statutes.		ration submits this statement for the pu ard of directors. I hereby accept the app		ered agent. I am
familiar with	signature, typed or printed name of registered by	pont and title (replycable	(NOTE: Registe	red Agord signature require 3.		DATE	CTORS IN 12
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certify that the information supplied with this lining is voluntarily infinished and occurring the exemption stated in Section 119.070,ky, Florida Statutes, Tuttled certify that the information indicated on this annual report or supplemental annual report is gue and accurate and that my signature shall have the same legal effect as if made under out; that I am an officer or director of the corporation or the eceiver or trustoe 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 attackment with an address.

SIGNATURE: S

SIGNATURE AND WHED OR PRINTED NAME OF SIGNING STACER OR DIRECTOR

305-866-3131