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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 23 1997 8:00am

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Secretary of State

669-8808

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L29690

(9)

GALAXY PROFESSIONAL CLEANING CORP.

Principal Place 5830 SW 41ST MIAMI FL 3315	ST.	Mailing Address 5830 SW 41ST STREET MIAMI FL 33155-5308	5830 SW 41ST STREET						
						3. Date Incorporated or Qualified 11/15/1989		te of Last R 19/1996	eport
2. Principal P 21	lace of Business	26. Mailing Address 26				4. FEI Number 65-0161499		- 	oplied For of Applicable
Suite Apt.	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
City & State 23	9	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Ζφ 24	Country 25	7ip 29	30 Co.	intry			Yes [⊡ No	. 199.032,
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Reg	istered /	Agent	
	IUYERA, SUSANA O SW 41ST ST			81	Name	de (DO De Alesta			
	MI FL 33155			82 83	Street Add	dress (P.O. Box Number is Not Acceptabl	e) 		
				83					
				84	City		FL	85 Zip (Code
office or r agent. Fa SIGNATURE	to the provisions of Sections 607 056 egislered agent, or both, in the State or familiar with and accept the oblig Signature typed or protest some of registered age.	of Florida, Such change was ations of Section 607.0505, Fl	authorize lorida Stat	d by utes	the corpora	poration submits this statement for the pu ation's board of directors. I hereby accep	t the app	changing it ointment as	s registered registered
12,		D DIRECTORS	11.: Megistere	o Age	nt signature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTOR	S IN 12
T-TIE	VP	DELETE	1.1 1	TLE	·	ADDITIONS/OFFANGES TO OFFICE	LI IO MIL	☐ Change	Addition
NAME	AMADOR, JULIO F	12		1 2 NAME					_
STREET ADDRESS	1023 N.W.19TH AVENUE		1.3 S1	REET	ADDRESS				
CITY-S1-2IF	MIAMI FL 33125	· 100 - 12 · · · · · · · · · · · · · · · · · ·	1.4 CI	TY·S	T - ZIP				
TITLE	S NOTATION A	☐ DELETE	2.1 11	TLE				Change	Addition
NAME	PINEDA, YOLANDA A.		2 2 N/	ME					
STREET ADORESS	1023 NW 19TH AVE MIAMI FL 33125		2.3 ST	REET	ADDRESS				
COTY - ST - ZIP TOTALE	P/T	DELETE			ST - ZIP		· · ·		111111111111111111111111111111111111111
NAME	PERUYERA, SUSANA	E DUCKIE	3.1 YI 3.2 N/			*		Change	Addition
STREET ADORESS	5830 SW 41ST ST.				ADDRESS				
CITY - ST - ZIF	MIAMI FL 33155				ST-ZIP				
TITLE	DV	DELETE	4.1 7(11-211			Change	Addition
NAME	AMADOR, JULIO F.		4. 2 N	AME					
STREET ADORESS	1023 NW 19 AVE		4.3 \$1	REET	ADDRESS				
CITY+S1+ZIF	MIAMI FL		4.4 CI	<u> 17-</u> \$	T-ZIP				
THE		☐ DELETE	5.1 TI	ī L E				Change	Addition
NAME			5.2 N/	ME	l				
STREET ADDRESS			5.3 \$1	REET	ADDRESS				
C(f) - ST- ZIP		T occurs	5.4 CI		T-ZIP			r-1 ::	
THILE		☐ DELETE	6.1 TI					Change	☐ Addition
NAME CIECUL ACQUICEC			6.2 N/	ME 		•			

CITY-ST-ZIF

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 charged or on an attachment with an address.