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 # **L79104** **(0)**

1. Corporation Name

CLEARCO, INC.

Principal Place of Business	Mailing Address
5842 SW 59TH STREET **MIAMI FL 33143**	**5842 SW 59TH STREET** **MIAMI FL 33143**

3. Date Incorporated or Qualified: **06/06/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: **26-6706878** ☐ 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

9. Name and Address of Current Registered Agent

CLEARE, CHARLES
5842 SW 59 ST.
MIAMI FL 33134

10. Name and Address of New Registered Agent

81: Name
82: Street Address (P.O. Box Number is Not Acceptable)
83:
84: City **FL** 85: Zip Code

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: Charles Cleare 1/17/96
Signature, Typed or printed name of registered agent, if applicable — Per F.S. Registered Agent Signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**DPST**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**CLEARE, CHARLES**		1.2 NAME		
STREET ADDRESS	**5842 S.W. 59TH STREET**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL** 33143		1.4 CITY-ST-ZIP		
TITLE	**S**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**ISAAC, BEATRICE**		2.2 NAME		
STREET ADDRESS	**1425 NW 125 ST.**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL 33167**		2.4 CITY-ST-ZIP		
TITLE	**V**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**CLEARE, JAMES**		3.2 NAME		
STREET ADDRESS	**5842 SW 59 ST.**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL 33143**		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			4.2 NAME	Karen E. CLEARE	
STREET ADDRESS			4.3 STREET ADDRESS	5842 SW 59 STREET	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***225.00

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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)(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: Charles Cleare 1/17/96 (305)441-9565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #