

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

PROFIT
CORPORATION,
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M31352**

1. Corporation Name

ALMA CLEANING SERVICE CORP.

Principal Place of Business

**12901 SW 42ND TERRACE
MIAMI FL 33175**

Mailing Address

**1172 S DIXIE HWY
403
CORAL GABLES FL 33146
US**

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90007 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1986

4. FEI Number

59-2672366

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4930 S.W. 75 Avenue

Suite, Apt. #, etc.

22
City & State

City & State

23 Miami, FL

Zip Country

24 33155 25 US

29 30

9. Name and Address of Current Registered Agent

**YANIZ, MIGUEL ANGEL
12901 S.W. 42ND TERRACE
MIAMI FL 33175-1003**

10. Name and Address of New Registered Agent

81 Name

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

4930 S.W. 75 Avenue

83

84 City **Miami**

FL

85 Zip Code **33155**

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

Miguel A Yaniz

1-5-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD YANIZ, MIGUEL A.**
STREET ADDRESS **12901 SW 42ND TER**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **PSD YANIZ, ANA G.**
STREET ADDRESS **12901 SW 42ND TER**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **TD YANIZ, SILVIA M**
STREET ADDRESS **12901 SW 42ND TERRACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **4930 S.W. 75 Avenue**
1.4 CITY-ST-ZIP **Miami, FL 33155**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4930 S.W. 75 Avenue**
2.4 CITY-ST-ZIP **Miami, FL 33155**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **4930 S.W. 75 Avenue**
3.4 CITY-ST-ZIP **Miami, FL 33155**

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

305-666-5040
Daytime Phone #

CR2E034 (11/98)