

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 11 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M59425** (2)  
1. Corporation Name  
**AUTOMATIC CLEANERS, CORP.**

Principal Place of Business: **19585 N.W. 57 AVE. OPA LOCKA FL 33055-4709**  
Mailing Address: **19585 N.W. 57 AVE. OPA LOCKA FL 33055-4709**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/22/1987** 3a. Date of Last Report: **09/19/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0004243</b>	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	6. This corporation has liability for delinquent tax under s. 138.04, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>RUEDA, NUBIA 6190 N.W. 173 ST. #618 MIAMI FL 33055</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 a resident of the State of Florida. (Section 607.0504, Florida Statutes)

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
NAME	S <b>RUEDA, NUBIA 6190 N.W. 173 ST. #618 MIAMI FL</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P <b>MORA, ENRIQUE 6190 N.W. 173 ST. #618 MIAMI FL</b>	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the nonpublic status as set forth in 191.02(9)(b), 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 by or for the 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 on Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nubia Rueda 5-1-95 625-1037  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR