

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

APPROVED AND FILED

95 MAY -1 AM 3:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Janet B. Abernethy
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # M81326 (4)

A & C CARPET & UPHOLSTERY CLEANING, INC.

**Principal Name of Applicant: % ANDRES SORDO
5320 S.W. 6TH ST.
MIAMI FL 33134**

**Mailing Address: % ANDRES SORDO
5320 S.W. 6TH ST.
MIAMI FL 33134**

DATE TO BE WRITTEN IN THIS SPACE

3. Date Reorganized or Liquidated 05/13/1988	3a. Date of Last Report 04/19/1994
4. FEI Number 65-0063264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under the Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Name of Officers	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

**-SORDO, ANDRES
5320 S.W. 6TH ST.
MIAMI FL 33134**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (City Block Number is Not Applicable)

B3

B4 City

B5 Zip Code

FL

11. I, the undersigned, certify that the above information is true and correct. I am hereby accepting the appointment as registered agent of the corporation and certifying that the corporation has liability for intangible tax under the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN '94	
NAME	PD SORDO, ANDRES 5320 S.W. 6TH ST. MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME	VD SORDO, CARLOS 5320 S.W. 6TH ST. MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME	TD SORDO, ALINA 5320 SW 6TH STREET MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME	SD SORDO, ZOVI DA 5320 SW 6TH STREET MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.02(1)(b), Florida Statutes. I further certify that the information is complete as the annual report of the corporation and that my signature shall have the same legal effect as if made under oath. I am hereby certifying that the information of this report of the corporation or the board of directors empowered to make up this report as required by Chapter 603, Florida Statutes, and that my name appears in Block 13 of this report, or on an attached page, and address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR