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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9200006578 (8)

CLEANING SOLUTIONS, INC.

Principal Place of Business Mailing Address 14821 OAK LANE 14621 OAK LANE MIAMI LAKES FL 33016 MIAMI LAKES FL 33016-1515 3. Date incorporated or Qualified 3a. Date of Last Report 11/19/1992 04/30/1996 2, Principal Place of Business 4. FEI Number 2a. Mailing Address 65-0371861 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Box$ 22

\$8.75 Additional Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \sum \) Yo Zip Country Zφ Country 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JONES, SCOTT D 81 Name **14621 DAK LANE** 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33016 83 City 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 cost D. Junes SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PN DETITE Change Addition TITLE 1.1 TITLE PEREZ, JOSEPH F NAME 1.2 NAMI 11336 SW 158TH CT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 1.4 CITY-\$1-7iP DELFTE Change TITLE 21 TITLE Addition JONES, SCOTT D NAME 22 NAME 11421 SW 117TH CT STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE Change Addition TITLE 3.1 DHF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-7IP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

4.4 CITY - \$1 - 2IP

5.3 \$1REE1 ADDRESS 5 4 CHY-ST-ZIP

63 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP 64 CITY - ST - ZIP 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 eath; 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 or fin attachment with an address.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

2/1/80 120 55-480

Change

Change

Addition

Addition

FILED

Apr 03 1997 8:00am

Secretary of State

Applied For

Not Applicable