SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000002714 (2)

AVATAR COMMERCIAL CLEANING SERVICES INC.

FILED Aug 04 1997 8:00am Secretary of State



Principal Plac	94 NW 95 ST MIAMI SHORES FL 33150 82 St MIAMI SHORES FL 33150 83 84 Ci 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nar office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. GNATURE Signature, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature). DELETE 1.1 TITLE ME NISTICO, KENNETH 1.2 NAME			t maniame isa sarina dinit mbili 48591 A	IIII BUFIL DQILQ LII		1011 040H 100f			
	•		10			DO NOT INDIT	" IN THE OD	0.5		
,						DO NOT WRITE 3. Date Incorporated or Qualified	3a. Date		Poperl	
						1 '			F	
2. Principal P	Place of Business	2a Mailing Address				01/13/1993 4. FEI Number	04/23/1996			
21					Applied For					
	#. etc.		·			65-0420559 Not Applicable \$8.75 Additional				
22		27			Fee Required					
23						6. Election Campaign Financing \$5.00 May Be				
	Country					Trust Fund Contribution Added to Fees				
24	F-3 - F-3 -			Hiry		8. This corporation owes or has paid the current year intangible				
24						Personal Properly Tax due June 30. Yes No 10, Name and Address of New Registered Agent				
AHC	· · · · · · · · · · · · · · · · · · ·	The glatered Agent		81	Name	10, Hamb and Address of New Ac	giatalan Myt	IR .		
					1101110					
				82	Street Add	reet Address (P.O. Box Number is Not Acceptable)				
				83						
		•		- 1	City	**	3-I_ I	1 `	Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was ations of, Section 607.0505, Fl	tes, the ab authorized lorida Stat	oove d by ules	named corpora	poration submits this statement for the tion's board of directors. I hereby acce	ourpose of ch pt the appoint	anging i ment as	its registered registered	
SIGNATURE										
				Ager	nt signature requ		DATE			
12.	OFFICERS AND					ADDITIONS/CHANGES TO OFFIC				
TITLE	MOTION VENIMENT	☐ DETEIE					L	Change	Additio	
NAME										
STREET ADDRESS			1.3 ST	REET /	ADDRESS					
CITY-ST-ZIP	MIAMI SHORES FL 33150	T NE FEE	1.4 C(1		- ZIP					
TITLE	VPTS	☐ DELETE	2.1 TiT				L	Change	☐ Additio	
NAME	PUENTES, GUILLERMO		2.2 NA	2.2 NAME						
STREET ADDRESS	94 NW 95 ST.		2.3 \$1	REET #	ADDRESS					
CITY-ST-ZIP	MIAMI SHORES FL 33150		2. 4 CI		T- ZIP					
TITLE		☐ DELETE	3.1 TIT					Change	Additio	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET A	ADDRESS					
CITY-ST-ZIP		— H perez-	3.4. C		r- ZIP					
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NAME			4 2 N/	AME						
STREET ADDRESS			4.3 STREET		NDDRESS					
CiTY-ST-ZIP			4.4 CITY - S		- ZIP				-	
TITLE		☐ DÉLETE	5.1 TIT	Lŧ				Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET A	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST	- ZIP					
TITLE		☐ DELETE	6.1 TIT	LE				Change	Addition	
NAME			6.2 NA	ME	ĺ					
STREET ADDRESS			6.3 STF	REE1 A	IDDRESS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP							

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 innual 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 origination or the receivefor 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 attribution of the receiver of the receiver