

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000010300 (0)

1. Corporation Name
H & H PERFECT CLEANING CORP.



Principal Place of Business: 11350 SW 73RD TERRACE MIAMI FL 33173
Mailing Address: 11350 SW 73RD TERRACE MIAMI FL 33173

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/28/1993	3a. Date of Last Report 08/14/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 65-0396130	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ORTIZ, HERNANDO 11350 SW 73RD TERRACE MIAMI FL 33173	81. Name JOSE MALAGON
	82. Street Address (P.O. Box Number is Not Acceptable) 11350 SW 73RD TERRACE
	83. City
	84. City MIAMI FL 85. Zip Code 33173

11. Pursuant to the provisions of Section 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0405, Florida Statutes.

SIGNATURE: *Jose Malagon* **JOSE MALAGON** DATE: **1-26-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, HERNANDO	2. NAME	JOSE MALAGON
STREET ADDRESS	11350 SW 73RD TERRACE	3. STREET ADDRESS	11350 SW 73RD TERR
CITY, ST, ZIP	MIAMI FL 33173	4. CITY, ST, ZIP	MIAMI FL 33173
TITLE	<input type="checkbox"/> DELETE	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVS	2. NAME	
STREET ADDRESS	MALAGON, HERMINIA	2. STREET ADDRESS	
CITY, ST, ZIP	11350 SW 73RD TERRACE	2. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I (I) hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Jose Malagon* **JOSE MALAGON** DATE: **1-26-96** (305) 598-5845

CR2E034 (12/95)