

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

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**Mar 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33173-2619**

3. Date Incorporated or Qualified **01/28/1993** 3a. Date of Last Report **02/14/1996**

2. Principal Place of Business
21. State, Apt. #, Ct.
22. City & State
23. Zip Country
24. Zip Country
25. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country
30. Country

4. FEI Number **65-0396130** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**JOSE MALAGON
11350 SW 73 TERRACE
MIAMI FL 33173**

10. Name and Address of New Registered Agent
B1 Name **HERMINIA MALAGON**
B2 Street Address (P.O. Box Number is Not Acceptable) **11350 SW 73RD TERRACE**
B3
B4 City **MIAMI** FL 85 Zip Code **33173-2619**

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.

SIGNATURE: *Herminia Malagon* **HERMINIA MALAGON** DATE: **3-11-97**

12. OFFICERS AND DIRECTORS

1. TITLE	DPT	<input type="checkbox"/> DELETE
2. NAME	MALAGON, JOSE	
3. STREET ADDRESS	11350 SW 73 TERR.	
4. CITY - ST - ZIP	MIAMI FL	
5. TITLE	DVS	<input type="checkbox"/> DELETE
6. NAME	MALAGON, HERMINIA	
7. STREET ADDRESS	11350 SW 73RD TERRACE	
8. CITY - ST - ZIP	MIAMI FL 33173	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MALAGON, HERMINIA	
1.3 STREET ADDRESS	11350 SW 73 TERR	
1.4 CITY - ST - ZIP	MIAMI FL 33173	
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MALAGON, JOSE	
2.3 STREET ADDRESS	11350 SW 73 TERR	
2.4 CITY - ST - ZIP	MIAMI FL 33173	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 provided 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 on Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE: *Herminia Malagon* **HERMINIA MALAGON** DATE: **3-11-97** (305) 5855415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day of Month of Year

CR2E034 (9/96)