FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 28 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000020053 (3)**

1. Corporation Name
OSCAR'S CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
6640 PARK STREET HOLLYWOOD FL 33024	6640 PARK STREET HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/15/1993**
3a. Date of Last Report: **06/07/1994**

2. Principal Place of Business	2a. Mailing Address
21 2703 N. Andrews Ave.	26 2703 N. Andrew Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale FL	City & State 28 Ft. Lauderdale FL
Zip 24 33311 Country 25	Zip 29 33311 Country 30

4. FEI Number: **65-0395187** ☐ 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	10. Name and Address of New Registered Agent
SIVERIO, E **2009 SOUTHWEST 98TH TERRACE** **MIRAMAR FL 33025**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, OSCAR	12 NAME		
STREET ADDRESS	6640 PARK STREET	13 STREET ADDRESS	2703 N. Andrews Ave	
CITY ST ZIP	HOLLYWOOD FL 33024	14 CITY ST ZIP	Ft. Lauderdale FL 33311	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, EDWIN	22 NAME		
STREET ADDRESS	6640 PARK STREET	23 STREET ADDRESS	2703 N. Andrews Ave	
CITY ST ZIP	HOLLYWOOD FL 33024	24 CITY ST ZIP	Ft. Lauderdale FL 33311	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, CLEYSIS	32 NAME		
STREET ADDRESS	6640 PARK STREET	33 STREET ADDRESS	2703 N. Andrews Ave	
CITY ST ZIP	HOLLYWOOD FL 33024	34 CITY ST ZIP	Ft. Lauderdale FL 33311	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, JORGE	42 NAME		
STREET ADDRESS	6640 PARK STREET	43 STREET ADDRESS	2703 N. Andrews Ave	
CITY ST ZIP	HOLLYWOOD FL 33024	44 CITY ST ZIP	Ft. Lauderdale FL 33311	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: Oscar A. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number #

0000001 CP