

★ FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 ★

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 28 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**Supreme Sweeping Services, Inc** DOCUMENT #  
**P93000023750**

Mailing Address  
**5555 N.W. 5TH Street  
# L-44  
MIAMI, FL 3326**

Principal Place of Business  
**5555 N.W. 5TH Street  
# L-44  
MIAMI, FL 3326**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1993** 3a. Date of Last Report

4. FEI Number **65-0396997** Applied?  Not Applied?

5. Certificate of Status Desired **6075**  6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Mailing Address 2a. Principal Place of Business

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

If above addresses are incorrect in any way, line through incorrect information and enter correction below

9. Name and Address of Current Registered Agent  
**MOA CARLOS A.  
5555 N.W. 5TH Street  
# L-44  
MIAMI, FL 3326**

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

11 TITLE **P/S/T/D**

12 NAME **MOA CARLOS A**

13 STREET ADDRESS **5555 N.W. 5TH ST # L-44**

14 CITY - ST - ZIP **MIAMI, FL 3326**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**800001443298  
-03/29/95--01097--016  
\*\*\*\*200.00 \*\*\*\*200.00**

**☆**

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Carlos Moa** **03-17-95** **(805) 267-6939**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Page 2)