SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P93000072106 (6) STANDARD CLEANING SERVICE OF SOUTH FLORIDA INC. Mailing Address Principal Place of Business 12918 S.W. 132ND CT. 13267 SW 131ST ST MIAMI FL 33186 MIAMI FL 33186 HS 3a. Date of Last Report 3. Date Incorporated or Qualified 04/27/1995 10/18/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0455822 Sam Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032. Country Zip Yes No Florida Statutes 30 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MALEKI, LAURA Street Address (P.O. Box Number is Not Acceptable) 13267 SW 131ST ST **MIAMI FL 33186** 83 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinst ring) Signarine itype flor printed han elaf registe ed agent and sile if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 DILE TITLE CR2E034 1.2 NAME MALEKI, LAURA NAME 13267 SW 131ST ST 13 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 111116 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 III/iE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST- ZIP CITY - S1-ZIP Change Addition DELETE 6.1 THLE TITLE 6 2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY - ST- ZIP 14. I do hereby certily that the information supplied with this fling 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 supplymental agrual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I are an officer ordinated on the corporation or the federal trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or feek 13 if changed, or on an attachment with an address CITY - ST - ZIP

CER OR DIRECTOR

SIGNATURE:

7-7-96 (3-5)3185715