PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000004024

1. Corporation Name

SANI-CHEM PRODUCTS CORPORATION

Principal Place	of Business	Mailing Address					
5469 NW 72ND AVENUE		5469 NAV 72ND AVE.					
MIAMI FL 33166 US		6051 COLLINS AVE #7F			DO NOT WOITE IN	TUIC CDACE	
		MIAMI FL 33166			DO NOT WRITE IN THIS SPACE		
		US			3. Date Incorporated or Qualifed		Į
					01/18/1994		
2. Principal Pl	ace of Business	2a. Mailing Address		1 1.0	4. FEI Number		olied For
21		26 5469- N. W- 72 rd AUG			65-0460382		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27	سند، د		<u></u>	~ - · · Fee Red	luired
City & State		City & State			6. Election Campaign Financing	\$5.00 1	May Be
23		28 MIAMI	7	7	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year		_/
24	25	29 33166 30	0	9 dE	Personal Property Tax.		₽No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	ered Agent	
			81	Name			-
PIMI	enta, jesus m		-	A d d d	Inches (D.O. Bay Number is Not Accordable)		
911	S.W. 139TH CT.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33184	•	83				
			84	City		FL 85 Zip C	ode
44 Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statutes.	the abov	e-named corr	poration submits this statement for the purpor	se of changing its	registered
office or re	egistered agent or both in the Stat	e of Florida. Such change was auth gations of, Section 607.0505, Florid	iorizea dv	the condorati	ion's board of directors. I hereby accept the a	appointment as reg	jistered
SIGNATURE							
OICHATORE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Re		nt signature requir	red when reinstating) DA		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		•••
TITLE	STD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	PIMIENTA, JESUS M		1.2 NAME				Ļ
STREET ADDRESS	911 SW 139 COURT		1.3 STREE	TADDRESS			}
CITY-ST-ZIP	MIAMI FL		1.4 CITY-8	ST-ZIP	<u></u>		
TITLÉ		DELETE 2.11				☐ Change	Addition
NAME			2.2 NAME				
				T ADDRESS			
STREET ADDRESS							ļ
CITY-ST-ZIP	-	☐ DELETE	2.4 CITY-	S1-ZIP = -		Change	☐ Addition
TITLE		LLI DELETE	3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP		_ <u></u>	3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME	.			
STREET ADDRESS			4.3 STREE	TADORESS			ļ
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				}
			1	ET ADDRESS			
STREET ADDRESS			5.4 CITY-1		•		
CITY-ST-ZIP		□ DELETE	6.1 TITLE			Change	Addition
TITLE		□ DELETE	1			ப்பளிக்	L Addition
NAME			6.2 NAME				1
STREET ADDRESS	1		6.3 STREE	T ADDRESS			1

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

14. I 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 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, with all other like empowered.

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90042 002 ***150.00

CR2E034 (11/98)