

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000004442 (7)

1. Corporation Name

ATLANTIC Cleaning Products, INC.

Principal Place of Business

12920 S.W. 132 CT.
Miami Fla. 33186

Mailing Address

12920 S.W. 132 CT.
Miami Fla. 33186

3. Date Incorporated or Qualified

1/19/94

3a. Date of Last Report

4/20/95

2. Principal Place of Business

2a. Mailing Address

21 12920 S.W. 132 CT.

26 12920 S.W. 132 CT.

4. FEI Number

65-0480741

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. 199.03,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Mahmood Manshadi

82 Street Address (P.O. Box Numbers Not Acceptable)
15607 S.W. 100 Terr.

83

84 City Miami

FL

85 Zip Code 33194

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

M. Maleki

VICE PRESIDENT

Mahmood Manshadi

4/30/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
Mohammad Maleki
12920 S.W. 132 CT.
Miami Fla 33186

TITLE
NAME
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CITY, ST, ZIP
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CITY, ST, ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
Mohammad Maleki
12920 S.W. 132 CT.
Miami Fla. 33186

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
[] Change [] Addition

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
[] Change [] Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
300001815923
-05/10/96--01006--003
***200.00

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
[] Change [] Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
[] Change [] Addition

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 199.07(3)(c), 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 2 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Mohammad Maleki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mohammad Maleki

PRESIDENT

President 4/30/96

232-0055

CR2E034 (12/95)

5/1/96