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 MAY -1 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014854 (1)

1. Corporation Name

CUSTOM CARE CLEANERS, INC.

Principal Place of Business
15300 SW 145TH COURT
MIAMI FL 33177

Mailing Address
15300 SW 145TH COURT
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1994

3a. Date of Last Report:

4. FEI Number: 63-0494026 — 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 [X] Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SIDDIQKARA, FARYAL A
15300 SW 145TH COURT
MIAMI FL 33177

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, 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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1 TITLE	Pres./Dir.	☐ Change [X] Addition
NAME		1 NAME	Faryal A. Siddiqkara	
STREET ADDRESS		1 STREET ADDRESS	15300 SW 147 Court	
CITY ST ZIP		1 CITY ST ZIP	Miami, FL 33177	
TITLE		2 TITLE	V.P./Dir.	☐ Change [X] Addition
NAME		2 NAME	Muhammad Salim	
STREET ADDRESS		2 STREET ADDRESS	12755 S. W. 42nd St.	
CITY ST ZIP		2 CITY ST ZIP	Miami, FL 33175	
TITLE		3 TITLE		☐ Change ☐ Addition
NAME		3 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY ST ZIP		3 CITY ST ZIP		
TITLE		4 TITLE		☐ Change ☐ Addition
NAME		4 NAME		
STREET ADDRESS		4 STREET ADDRESS		
CITY ST ZIP		4 CITY ST ZIP		
TITLE		5 TITLE		☐ Change ☐ Addition
NAME		5 NAME		
STREET ADDRESS		5 STREET ADDRESS		
CITY ST ZIP		5 CITY ST ZIP		
TITLE		6 TITLE		☐ Change ☐ Addition
NAME		6 NAME		
STREET ADDRESS		6 STREET ADDRESS		
CITY ST ZIP		6 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(1)(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: Faryal Siddiqkara - FARYAL SIDDIQKARA 3-29-95 220-6322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0207424 CP