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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000014854 (1)

1. Corporation Name

CUSTOM CARE CLEANERS, INC.



Principal Place of Business

12755 S. W. 42 ST.
MIAMI FL 33175

Mailing Address

12755 S. W. 42 ST.
MIAMI FL 33175-3429

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 6141 S. W. 128 Place

27 Suite, Apt. #, etc.

28 City & State

28 Miami, FL

29 Zip Country

29 33183

30 USA

9. Name and Address of Current Registered Agent

SALIM, MUHAMMAD
12755 S.W. 42ND ST.
MIAMI FL 33177

3. Date Incorporated or Qualified

02/22/1994

3a. Date of Last Report

08/08/1996

4. FEI Number

65-0494026

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

☒ Yes

☐ No

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

Signature of the person making the change or the registered agent

(NOTE: Registered Agent's signature required when resigning)

DATE

02/01/97

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME
PD
SALIM, MUHAMMAD
12755 S.W. 42ND ST.
MIAMI FL 33175

12.2 TITLE ☐ DELETE

12.3 NAME

12.4 STREET ADDRESS

12.5 CITY-STATE-ZIP

12.6 TITLE ☐ DELETE

12.7 NAME

12.8 STREET ADDRESS

12.9 CITY-STATE-ZIP

12.10 TITLE ☐ DELETE

12.11 NAME

12.12 STREET ADDRESS

12.13 CITY-STATE-ZIP

12.14 TITLE ☐ DELETE

12.15 NAME

12.16 STREET ADDRESS

12.17 CITY-STATE-ZIP

12.18 TITLE ☐ DELETE

12.19 NAME

12.20 STREET ADDRESS

12.21 CITY-STATE-ZIP

12.22 TITLE ☐ DELETE

12.23 NAME

12.24 STREET ADDRESS

12.25 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☒ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS 6141 S. W. 128 Place

13.4 CITY-STATE-ZIP Miami, FL 33183

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

02/01/97 (305) 387-9489

CR2E034 (9/96)