
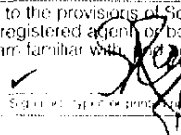



Jan 23 1997 8:00am
Secretary of State

<div style="display: inline-block; text-align: center;">PROFIT CORPORATION ANNUAL REPORT 1997</div> <div style="display: inline-block; text-align: center;"> FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>			
DOCUMENT # P94000039026 (7)			
1. Corporation Name N & N CLEANING SERVICES CORP.			
Principal Place of Business 10101 W. OKEECHOBEE RD #4101 HIALEAH GARDENS FL 33016 US		Mailing Address 10101 W. OKEECHOBEE RD #4101 HIALEAH GARDENS FL 33016-3110 US	
2. Principal Place of Business		2a. Mailing Address	
21.		2b.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22.		27.	
City & State		City & State	
23.		28.	
Zip	Country	Zip	Country
24.	25.	29.	30.
9. Name and Address of Current Registered Agent			
ARRILLAGA, NELSON 2858 NW 31ST AVE. MIAMI FL 33142			81. Name 82. Street Address 83. 84. City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both in the State of Florida, Such change was authorized by the corporation or agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE 			
<small>Signature of registered agent or principal officer and director, if applicable. (NOTE: Registered Agent signature required.)</small>			
12. OFFICERS AND DIRECTORS			
13.			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	ARRILLAGA, NELSON R		1.2 NAME
STREET ADDRESS	10101 WEST OCKEECHOBEE RD #4101		1.3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH GARDENS FL		1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			