## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 28 1997 8:00am Secretary of State

DOCUMENT # P9400046744 (6)  SPARKLE CLEANING SERVICES, INC.								
Principal Place of Business 16925 S.W. 93RD AVE. MIAMI FL 33157		Mailing Addres 16925 S.W. 93F MIAMI FL 3315	RD AVE.			IBAAN MUHUH UHUHU MANAH PA	DENI BINNI BINI NODI	
						3. Date Incorporated or Qualified 06/20/1994	3a. Date of 02/27/1	
~- <sub>1</sub>	Place of Busi	ness	2a. Mailing Add	dress		4. FEI Number		Applied For
<b>21</b> ] Swite, Api	1 #. Olc.	<u>.</u>	Suite, Apt	#. etc.		65-0517161		Not Applicab  3.75 Additional
22	,		27	,		5. Certificate of Status Desired		Fee Required
City & Sta	do		City & State	)		6. Election Campaign Financing		<b>5.00</b> May Be
<b>23</b> Z(p		Country	<b>28</b> Zip		Country	Trust Fund Contribution		Added to Fees
24		25	29		30	8. This corporation has liability for Florida Statutes	or intangible tax u	
			rrent Registered Agent			10. Name and Address of New	Registered Agen	t
	HAMAN, FA				81 Name			
	925 S.W. 93 Ami Fl 331:				82 Street Add	dress (P.O. Box Number is Not Accept	table)	
1410	MINITE OUT	,			83			····
					B4 City		85	Zip Code
					1 1 1 1		<b> -1</b>	'
off-ce or	registered ac	pent or both, in the \$	State of Florida. Such cha	rida Statute ande was at	s, the above-hamed con uthorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	e pulipose of char cept the appointm	ent as registered
SIGNATURE		tor proced name of registers	id agent and little if applicable		Registered Agent signature requ		DATE	
		tor proced name of registers	ad agent and little of applicable				DATE FICERS AND DIRE	
SIGNATURE	D RAHAMA	der prinsed name of inspitati OFFICERS	ad agent and little of applicable	(NOTE:	Registered Agent signature requ	ulred when reinslating)	DATE FICERS AND DIRE	ECTORS IN 12
SIGNATURE  12. THE	D RAHAMA 16925 S	OFFICERS  N, FAZIL W. 93RD AVE.	ad agent and little of applicable	(NOTE:	Reg stered Agent signature required 13.	ulred when reinslating)	DATE FICERS AND DIRE	ECTORS IN 12
SIGNATURE  12. THE NAME STREET APPRESS CITY ST-289	D RAHAMA	OFFICERS  N, FAZIL W. 93RD AVE.	nd agent and lifts of applicable S ANO DIRECTORS	(KOTE:	Reg stered Agam signature required.  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	ulred when reinslating)	DATE FICERS AND DIRE	ECTORS IN 12 change
SIGNATURE  12.  104  NAME  STREET ADDRESS  CITY ST-289  THEE	D RAHAMA 16925 S	OFFICERS  N, FAZIL W. 93RD AVE.	nd agent and lifts of applicable S ANO DIRECTORS	(NOTE:	Registered Agent signature required.  13. 11 TillE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	ulred when reinslating)	DATE FICERS AND DIRE	ECTORS IN 12
SIGNATURE  12. THE NAME STREET APPRESS CHY ST-201 THE NAME	D RAHAMA 16925 S MIAMI FI	OFFICERS  N, FAZIL W. 93RD AVE.	nd agent and lifts of applicable S ANO DIRECTORS	(KOTE:	Reg stered Agent signature required.  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ulred when reinslating)	DATE FICERS AND DIRE	ECTORS IN 12 change
SIGNATURE  12.  104  NAME  STREET ADDRESS  CITY ST-289  THEE	D RAHAMA 16925 S MIAMI FI	OFFICERS  N, FAZIL W. 93RD AVE.	nd agent and lifts of applicable S ANO DIRECTORS	(KOTE:	Registered Agent signature required.  13. 11 TillE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	ulred when reinslating)	DATE FICERS AND DIRE	ECTORS IN 12 change
SIGNATURE  12. THE NAME STREET ADDRESS CITY ST-28* THEE NAME STREET ADDRESS	D RAHAMA 16925 S MIAMI FI	OFFICERS  N, FAZIL W. 93RD AVE.	ad agent and lifts of applicable S AND DIRECTORS	(KOTE:	Reg stered Agent signature required.  13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ulred when reinslating)	DATE FICERS AND DIRI  C	ECTORS IN 12 change
SIGNATURE  12. THE NAME SIRRELATIONESS CITY ST-201 THEE NAME STREELADDRESS C-TY-ST-701 THEE NAME	D RAHAMA 16925 S MIAMI FI	OFFICERS  N, FAZIL W. 93RD AVE.	ad agent and lifts of applicable S AND DIRECTORS	(NOTE: DELETE DELETE	Reg stered Agam signature required.  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ulred when reinslating)	DATE FICERS AND DIRI  C	ECTORS IN 12 Phange Addition Change Addition
SIGNATURE  12. TOUR NAME SIRRU ADDRESS CITY \$1-20° TRUE NAME SIRRU ADDRESS CHY-ST-70° TRUE NAME SIRRU ADDRESS SIRRU ADDRESS	D RAHAMA 16925 S MIAMI FI	OFFICERS  N, FAZIL W. 93RD AVE.	ad agent and lifts of applicable S AND DIRECTORS	(NOTE: DELETE DELETE	Reg stered Agent signature required.  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ulred when reinslating)	DATE FICERS AND DIRI  C	ECTORS IN 12 Phange Addition Change Addition
SIGNATURE  12. THE NAME SIRRELADORESS CHY ST-28* THE NAME SORELADORESS C-14*-ST-78* THE NAME STREET ACORESS CHY-ST-78*	D RAHAMA 16925 S MIAMI FI	OFFICERS  N, FAZIL W. 93RD AVE.	ad agent and title of applicable  S ANO DIRECTORS	(NOTE: DELETE DELETE	Reg stered Agent signature required.  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ulred when reinslating)	DATE FICERS AND DIRI C	ECTORS IN 12 Change Addition Change Addition Change Addition
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SIGNATURE  12.  TOU  NAME  SIRRELADORESS CHY ST-ZIP  THUE  NAME  SIRRELADORESS CHY-ST-ZIP  THUE  NAME  SIRRELADORESS SIRRELADORESS SIRRELADORESS	D RAHAM 18925 S MIAMI FI	OFFICERS  N, FAZIL W. 93RD AVE.	nd agent and lifts of applicable  AND DIRECTORS	DELETE  DELETE  DELETE	Reg stered Agam signature required.  13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ulred when reinslating)	DATE FICERS AND DIRE  C  C  C  C  C  C	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TOTE  NAME  SIRRELATORESS CHY ST-ZIP  TITLE  NAME  SIRRELATORESS CHY-ST-ZIP  TITLE	D RAHAM 18925 S MIAMI FI	OFFICERS  N, FAZIL W. 93RD AVE.	nd agent and lifts of applicable  AND DIRECTORS	(NOTE: DELETE DELETE DELETE	Reg stered Agam signature required.  13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ulred when reinslating)	DATE FICERS AND DIRE  C  C  C  C  C  C	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition

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 page an attachment with an address.

SIGNATURE:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X04-11-97

Date

X 305-251-7568