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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCL	INALA	IT #

1. Corporation Name

P94000049638 (7)

J.C. (YTIJAUC	CLEANER, INC.											
Principal Place	of Business		M.	ailing Address			,			4 14411641 114 16111 61611 65111 61	ter Marie B<i>i</i>l sel		0 84188 AIFBI (BIR 1881
9967 MIRAI MIRAMAR F US				9967 MIRMAR PKWY MIRAMAR FL 33025 US	-						- ,		
									3.	Date Incorporated or Qualified 07/05/1994		e of Last 05/26	•
2. Principal Pla	ace of Busin	ess	2a.	Mailing Address					4.	FEI Number			Applied For
21			26						ļ	65-0514294			Not Applicable
Suite, Apt. #	#, etc.			Suite Apt. #, etc					5.	Certificate of Status Desired			75 Additional e Required
City & State			27	City & State					-	Election Campaign Financing			
23			28	Ony a charco					0.	Trust Fund Contribution			.00 May Be ded to Fees
Zip		Country		Ζφ		Country	,		This corporation has liability for		ntangible t		
24		25	29		30					Florida Statutes	No		
	9. Name	and Address of Curi	ent Regis	tered Agent					10.	Name and Address of New R	egistered	Agent	
						61	N:	ame					
	r, Jorge					82	St	reet Addres	ss (P.	O. Box Number is Not Acceptab	le)		
		D TERRACE					ļ						
PEMBF	ROKE PINE	S FL 33025				83							
•						84	Ci	ty				85	Zip Code
or registere	ed agent, or	ions of Sections 607.05 both, in the State of Fi pt the obligations of, Se	onda Sud	i change was authoriz	zed by tr	above r ie corp	l name locati	ed corporat ion's board	ion s of de	submits this statement for the pur lirectors. Thereby accept the appo	FL pose of ch pintment as	anging it	s registered offici ed agent. Lam
SIGNATURE _													
	Signative typed	or printed carrie of registered a					الحا	ature required v			DATE	· ·	
12. 1.TLE	D	OFFICERS A	ANU DIME.C.	DELETE		3. 1 TiftE		Т		ADDITIONS/CHANGES TO OFF		DIREC Chang	
NAME	_	AR, JORGE H				2 NAME						L.J Grang	le [] Vadiron
STREET ADDRESS		S.W. 102ND TERRA	CE			3 STREET	r Anne	9990					
CHTY-ST-ZIP		ROKE PINES FL 33				4 C-TY - S							
TITLE			<u>VL</u> V	☐ DELETE		1 TIFLE	J1 Z-1			······································		Chang	je 🔲 Addition
NAME						2 NAME						٠ ٠	
STREET ADDRESS					2	3 STREET	LADDA	RiSS					
CITY-ST-ZIP						4 CITY - S							
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NAME					3	2 NAME							
STREET ADDRESS					3	3 STHEET	LADD	RESS					
CITY - ST - ZIP					3	4 CHY - S	5T - ZH	,		* 178. FM. 1 - 1.			
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NAME						2 NAME							
STREET ADDRESS					4	3 STREET	ADDE	RESS					
CITY - ST - ZIP				Florici		4 CITY - S	T - ZIP						
TITLE				☐ DELETE		1 T TLE						Chang	e 🔲 Addition
NAME Otossa Appessos						2 NAME		Ì					
STREET ADDRESS						3 STREET							
CITY-ST-ZIP TITLE				DELETE		4 CITY - S	51 - ZIF	<u> </u>				Chaca	ns D Addition
NAME				☐ percir		1 TILE						Chang	e Addition
STREET ADDRESS						2 NAME 2 CIOCCI	LADES	nace					
						3 STREET							
CITY-ST-ZIP	L v certify that	the information supply	d with this	filma is voluntarily for		4 CHY-S			tne	exemption stated in Section 119	07/31/k/ Él	orida Sta	butes I further

root nearby certify that the information indicated on this armual report is supplemental and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armual report is 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 directory. I this constraint in the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 it of angel, or only in titadiment with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)