
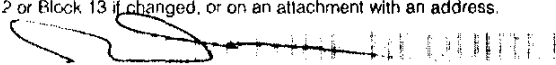


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000057391 (2)</b>					
1. Corporation Name <b>CLEAN IMAGE OF MIAMI, INC.</b>					
Principal Place of Business <b>13034 SW 88 TERR N MIAMI FL 33186</b>			Mailing Address <b>13034 SW 88 TERR N MIAMI FL 33186-1789</b>		
2. Principal Place of Business 21 <b>10415 N. KENDALL DR.</b> Suite, Apt. #, etc. 22 <b>STE B-112</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33176</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>10415 N. KENDALL DR.</b> Suite, Apt. #, etc. 27 <b>STE B-112</b> City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33176</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>08/02/1994</b> 3a. Date of Last Report <b>03/18/1996</b> 4. FEI Number <b>65-0516371</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>RUDRA, DEBJIT</b> <b>13034 SW 88 TERR N-</b> <b>MIAMI FL 33186</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>10415 N. KENDALL DR, STE B-112</b> 84 City <b>MIAMI</b> FL 85 Zip Code <b>33176</b>		
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: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE <b>PSD</b> <input type="checkbox"/> DELETE NAME <b>RUDRA, DEBJIT</b> STREET ADDRESS <b>13034 SW 88 TERR N-</b> CITY-ST-ZIP <b>MIAMI FL 33186</b> TITLE <b>VTD</b> <input checked="" type="checkbox"/> DELETE NAME <b>BUNTIN, ALBAN M</b> STREET ADDRESS <b>6431 SW 20TH CT</b> CITY-ST-ZIP <b>MIRAMAR FL 33023</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>10415 N. KENDALL DR, STE B-112</b> 1.4 CITY-ST-ZIP <b>MIAMI, FL 33176</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 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 4/20/97 353-6974 Date Daytime Phone # 0252088					

CR2E034 (9/96)