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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Seneca H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000086746 (2)**

1. Corporation Name: **MAJESTIC CLEANING SERVICE, CORP.**

105

Principal Place of Business: **45 W 22ND ST. 2 HIALEAH FL 33010**

Mailing Address: **45 W 22ND ST. 2 HIALEAH FL 33010**

3. Date incorporated or Qualified: **11/30/1994** 3a. Date of Last Report: _____

4. FEI Number: **65-0560292** 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 § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **PERERA, JUAN C 45 W 22ND ST, 2 HIALEAH FL 33010**

10. Name and Address of New Registered Agent:

81 Name: **JUAN C. PERERA**

82 Street Address (P.O. Box Number is Not Acceptable): **45 WEST 22 STREET #2**

83 _____

84 City: **HIALEAH** FL 85 Zip Code: **33010**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: *Juan Perera* **JUAN C. PERERA** 4-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	PERERA, JUAN C	1. TITLE: PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	PERERA, JUAN C	1.2 NAME: JUAN C. PERERA	
STREET ADDRESS:	45 W 22ND ST, 2	1.3 STREET ADDRESS: 45 WEST 22 STREET #2	
CITY, ST, ZIP:	HIALEAH FL 33010	1.4 CITY, ST, ZIP: HIALEAH FLORIDA 33010	
TITLE:	DV	2. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	BOSCH, JOSE	2.2 NAME: _____	
STREET ADDRESS:	1115 SW 130TH AVE	2.3 STREET ADDRESS: _____	
CITY, ST, ZIP:	MIAMI FL 33184	2.4 CITY, ST, ZIP: _____	
TITLE:	_____	3. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	_____	3.2 NAME: _____	
STREET ADDRESS:	_____	3.3 STREET ADDRESS: _____	
CITY, ST, ZIP:	_____	3.4 CITY, ST, ZIP: _____	
TITLE:	_____	4. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	_____	4.2 NAME: _____	
STREET ADDRESS:	_____	4.3 STREET ADDRESS: _____	
CITY, ST, ZIP:	_____	4.4 CITY, ST, ZIP: _____	
TITLE:	_____	5. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	_____	5.2 NAME: _____	
STREET ADDRESS:	_____	5.3 STREET ADDRESS: _____	
CITY, ST, ZIP:	_____	5.4 CITY, ST, ZIP: _____	
TITLE:	_____	6. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	_____	6.2 NAME: _____	
STREET ADDRESS:	_____	6.3 STREET ADDRESS: _____	
CITY, ST, ZIP:	_____	6.4 CITY, ST, ZIP: _____	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071, 119.072, 119.073, Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered business concerned 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 in an addition thereto, with an address.

SIGNATURE: *Juan Perera* **JUAN C. PERERA** 4-15-95 305-863-3316

P/D