FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # F>9400090180 CLEANING EXPRESS U.S.A. JUC. 4998 PINE ISLAND RD 3. Date Incorporated or Qualified LAUDERHILL, FLORIDIA 33319 Principal Place of Business 28. Mailing Address 3a. Date of Last Report Applied For 4 998 Pine Island RN 26 65-0540 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required Cit<u>y &</u> State 6. Election Campaign Financing LauderHill \$5.00 May Be -LUR1 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER Name 343 Almeria AUE Street Address (P.O. Box Number is Not Acceptable) 82 83 GABLES, FI 84 City Zip Code 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 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, typical or printed name of registered agent and tille if applicable (NOTE: Pegistered Agent signature required when inclustating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President Delete 1. 1 THE Change Addition NOTH TEYLARD 1.2 NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS F1. LAUDERDUIE, F Bresident CHTY - ST- ZIP 1.4 CHTY-ST-ZIP 2 1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY- ST- ZIP 3 1 71TLE Change Addition 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP 4.1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZiP DELETE 5. 1 TITLE 10000183588 Table 1000018358 Table 1000018357 Table 10000018357 Table 10000018357 Tab Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ***225.00 CITY-ST-712 54 CITY-ST-ZIP DELETE 6 1 TITLE Change 62 NAME STREET ADDRESS **63 STREET ADDRESS**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplishmental 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blo

6.4 City - ST- ZiP

SIGNATURE:

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