

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

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000090180 (8)**

1. Corporation Name  
**CLEANING EXPRESS USA, INC.**



Principal Place of Business <b>4998 PINE ISLAND RD. LAUDERHILL FL 33319</b>	Mailing Address <b>4998 PINE ISLAND RD. LAUDERHILL FL 33351-5314</b>
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3. Date Incorporated or Qualified <b>01/01/1995</b>	3a. Date of Last Report <b>05/22/1996</b>
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2. Principal Place of Business 21 <b>46-14 N. University DRIVE</b> State, Apt. #, etc. 22 City & State 23 <b>LAUDERHILL</b> Zip 24 <b>33351</b>	2a. Mailing Address 27 <b>DRIVE</b> Suite, Apt. #, etc. 28 <b>FI</b> City & State 29 Zip 30
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4. FEI Number <b>65-0540745</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name **RICHARD G. CHOSIO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1901 W. Cypress Creek RD**  
83 **Suite 406**  
84 City **FT. LAUDERDALE** FL 85 Zip Code **33309**

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 607.0508, Florida Statutes.

SIGNATURE **ON FILE** (Signature, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when resigning) DATE **4/3/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ROTH E.A.</b>	
STREET ADDRESS	<b>2900 NW 48 TERRACE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33322</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROTH ALISHA</b>	
STREET ADDRESS	<b>2900 NW 48 TERRACE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33322</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PERSAD, FELICIA</b>	
STREET ADDRESS	<b>4998 PINE ISLAND RD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 its 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 and changed, or in an attachment with an address.

SIGNATURE: **[Signature]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3/1/97 (954) 512-8772**

CR2E034 (9/96)