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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1. Corporation	1996 MENT # Name CLEANING		0000	38942	(5)	ORATIC	ONS 		<b>1</b>	<b>1.1</b> 14 <b>10</b> 18 <b>1</b> 11	181 1811 <b>8</b> 11	ONI GJAJO JIAN JABI
Principal Place			 M	Tailing Address								
424 LAKEVII FORT LAUD	424 LAKEVIEW DRIVE STE 105 FORT LAUDERDALE FL 33326			424 LAKEVIEW DRIVE STE 105 FORT LAUDERDALE FL 33326								
								3. Date Incorporated or Qua	alified	3a. Date	of Last I	Report
2. Principal Pla	ace of Business		28	. Mailing Addres	<u> </u>			05/15/1995 4. FELNumber				· · · · · · · · · · · · · · · · · · ·
21			26		.,			W-058813	)			Applied For Not Applicable
Suite, Apt. : 22	#, etc.		[]	Suite, Apt. #, e	etc.			5. Certificate of Status Desire		— · · · · · ·	\$8.7	5 Additional
City & State			27	City & State	· ·						Fee	Required
23			28	chy a Quino				<ol> <li>Election Campaign Finance Trust Fund Contribution</li> </ol>	ding			00 May Be ed to Fees
Zip <b>≥4</b>	}	Country	,	Zip	<b>├</b> ,	ountry		8. This corporation has liabili	ity for int	angible tax		
<u></u> 1	25   9. Name and	Address of Cui	29 rrent Regis	tered Agent	30	-r·		Florida Statutes	Yes	□ No		
		·				81	Name	10. Name and Address of N	New Reg	gistered A	gent	
	N, CORA					82	Chroat Add	(DO DANK)		· · · · · · · · · · · · · · · · · · ·		
424 LAM	(EVIEW DRIVE	STE 105					Street Addre	ess (P.O. Box Number is Not Acc	(oktable)			
PURI L	AUDERDALE F	L 33326				63						
						84	City				<b>B5</b> Zi	p Code
11. Pursuant to or registere familiar with	o the provisions o ed agent, or both, h, and accept the	f Sections 607.09 in the State of F obligations of S	502 and 607 Jorida, Such Section 607 (	7.1508, Florida S change was aut	Statutes, the ab	i i	•	ation submits this statement for the	ne purpo e appoin	FL se of chan		p Code registered office agent. Lam
SIGNATURE :	o the provisions oped agent, or both, n, and accept the	o name of registered a	gent and the dia	pisco Jakolei	(NOTE Ragistera	ove na corpor	•			DATE	ging its i	registered office Lagent, Lam
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. Lob 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 suppliental 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 enipowered 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: CONSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Prince 8