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

29

PROFIT CORPORATION ANNUAL REPORT

GALBAN, DENISE

MIAMI FL 33126

8500 NW 8TH STREET STE 106



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000045166 (2)

Country

9. Name and Address of Current Registered Agent

D.G. CLEANING SERVICES, INC.

| | Principal Place of Business | Mailing Address | | | | |
|-----------|--|---|--|------------------------------------|--|--|
| | 8500 NW 8TH STREET STE 106 MIAMI FL 33126 | 8500 NW 8TH STREET STE 106 MIAMI FL 33126-3737 | | | | |
| | | | 3. Date Incorporated or Qualified 06/06/1995 | 3a. Date of Last Report 04/08/1996 | | |
| | 2. Principal Place of Business | 2a. Maising Address | 4. FEI Number | Applied For | | |
| 17 560 | 21 | 26 | 65-0591593 | Not Applica | | |
| | Sulte, Apt. #, etc. | Suite, Apt. #. etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| • | City & State | City & State | 6. Election Campaign Financing | \$5.00 May Be | | |

84 City Zip Code 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. Thereby accept the appointment as registered

Country

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| agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | |
|---|----------------------------|--------|----------------------|--|----------|--|--|--|--|
| SIGNATURE Signature, typod or printed harne of registered agent and real tapplicable (NOT) Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| 12. | OFFICERS AND DIRECT | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | RS IN 12 | | | | |
| TITLE | PSTD | DEFETE | 1.1 1ITLF | ☐ Change | Addition | | | | |
| NAME | GALBAN, DENISE | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 8500 NW 8TH STREET STE 106 | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 1.4 C(TY-ST-7)P | | | | | | |
| TITLE | | DELETE | 2.1 TITLE | Change | Addition | | | | |
| NAME | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIF | | | | | | |
| TITLE | | DELETÉ | 3.1 THLE | Change | Addition | | | | |
| NAME | | | 3 ? NAME | | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4 CITY-S1-2iP | | | | | | |
| TITLE | | DELETE | 4.1 TITLE | Change | Addition | | | | |
| NAME | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | |
| CITY - ST-ZIP | | | 4.4 City+S1+ZIP | | | | | | |
| TITLE | | DELETE | 5 i THILE | Change | Addition | | | | |
| NAME | . • | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 5.4 CiTY- ST-ZIP | | | | | | |
| TITLE | | DELFTE | 6.1 THU | ☐ Change | Addition | | | | |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | | | | | |
| - | | | - I | | | | | | |

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). Horida 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 eath; 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 15 if changed, or on an interchanged with an address.

FILED

May 02 1997 8:00am

Secretary of State

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

Yes No

Applied For Not Applicable

Fee Required \$5.00 May Be Added to Fees