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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000045166 (2) DOCUMENT #

D.G. CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
8500 NW 8TH STREET STE 106	8500 NW 8TH STREET STE 100
MIAMI FL 33126	MIAMI FL 33126

FILED Jan 20 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Add	dress							
8500 NW 8TH STREET STE 106			8500 NW BTH STREET STE 106							
MIAMI FL 3	31 26	MIAMI FI	. 33126				DO NOT WRITE IN THIS	SPACE		
							3. Date Incorporated or Qualified			
							06/06/1995			ļ
9 Principal P	ace of Business	2a. Mailing	Address				4. FEI Number		Ant	olied For
_	ace of Dosiness	26	71307030				65-0591593			Applicable
Suite, Apt.	# atc		pt. #, etc.				_	\$8		dditional
	n, qto.	27	pt. 7, 010.				5. Certificate of Status Desired		e Rec	
City & State	2	City & S	itate				6. Election Campaign Financing	45	00	Vlay Be
	,	28					Trust Fund Contribution			Fees
23 Zip	Country	Zip		Country			8. This corporation owes or has paid the cu			
	├─ ┐	<u> </u>	ŀ	30	,			Yes	_	No I
24	25 9. Name and Address of Curre	29 29 Anni Registered An		301			10. Name and Address of New Registered			
		in the graterious rig		81	N	lame				
	ALBAN, DENISE				<u> </u>					
8500 NW 8TH STREET STE 106					St	Street Address (P.O. Box Number is Not Acceptable)]
M	IIAMI FL 33126			83						
				63						
				84	c	ity		85	Zip C	ode
						•	<u>FL</u>	-		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508,	Florida Statute	es, the abov	e-na	amed corpo	oration submits this statement for the purpose on's board of directors. I because accept the appropriate the purpose of the pu	fichang pointme	ing its nt as r	registered registered
agent. La	m la miliar with, and accept the obli	gations of, Section	607.0505, Flo	rida Statute	5.	e corporatio	on's board of directors. I hereby accept the app	70111111101	25	giotorea
SIGNATURE		-								
SIGNATORE	Signature, typod or printed name of registered a	gent and the if applicable	(NOTE	Registered Ag	ent sig	gnature require	nd whon reinstating) DATE		···	
12.		ND DIRECTORS		13.		··	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PSTD	l	DELETE	1.1 TITLE				L_1 Cha	ange	☐ Addition
NAME	galban, denise			1.2 NAME						
STREET ADDRESS	8500 NW 8TH STREET ST	E 106		1.3 STREET	i add	RESS				
CłTY-ST-ZIP	MIAMI FL 33126			1.4 CITY-5	ST - ZII	Р				
TITLE	_		DELETE	2.1 TITLE				☐ Cha	ange	Addition
NAME				2.2 NAMÉ						
STREET ADDRESS				2.3 STREET	T ADD	RESS				- 1
CITY-ST-ZIP				2. 4 CITY-						
TITLE			DELETE	3.1 TITLE				Cha	ange	Addition
NAME		•		3.2 NAME					-	
				3.3 STREE	T ANN	IBECC				
STREET ADDRESS				3.4. CITY -						
CITY-ST-ZIP			DELETÉ	4.1 TITLE	51-71	<u> </u>		[] Cha	ande	Addition
TITLE		'	ULLUL					۵۱۱۰۰ ویپ	- 90	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE		- 1				
CITY - ST - ZIP				4.4 CITY - 5	ST-ZII	Р				I Addition
TITLE		ı	DELETE	5.1 TITLE				∐ Cha	ange	Addition
NAME				5.2 NAME		1				
STREET ADDRESS				5.3 STREE	T ADD	RESS				
CITY-ST-ZIP				5 4 CITY-5	ST-ZI	Р				
TITLE		7	DELETE	6.1 TITLE				☐ Chá	ange	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET	T ADO	RESS				
CITY-ST-ZIP				6.4 CITY - 5						
0111-91-7IF				2.4 01117	VI 41		0 11 440 07(0V) Fig. 14 Out to 14 office			

14. Thereby 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 informatio 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 the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changes, or on an attachment with an address.

(01-000-05) 205-206-4924