

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053093

1. Corporation Name

MIN-MAY CLEANING CORP.

Principal Place of Business

6995 WEST 12TH AVENUE
7160 W. 20TH AVENUE, SUITE M-123
HIALEAH FL 33014
US

Mailing Address

6995 WEST 12TH AVENUE
HIALEAH FL 33014
US

2. Principal Place of Business

21 12181 TAFT STREET

Suite, Apt. #, etc.

22 Pembroke Pines, FL

City & State

23 33026 USA

Zip

Country

24 25

2a. Mailing Address

26 12181 TAFT STREET

Suite, Apt. #, etc.

27 Pembroke Pines, FL

City & State

28 33026 US

Zip

Country

29 30

9. Name and Address of Current Registered Agent

SEITZ, GABRIELLE
4321 ALTON ROAD
MIAMI BCH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number

65-0593028

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

81 Name

Gabrielle La Venia

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

18256 Mediterranean Blvd. #1405

83

Miami

84

City

FL

85

Zip Code
33015

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SEITZ, GABRIELLE
STREET ADDRESS 4321 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME President
1.3 STREET ADDRESS Gabrielle La Venia
1.4 CITY-ST-ZIP 18256 Mediterranean Blvd. #1405
Miami, FL. 33015

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Gabrielle La Venia* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/99 (454)441-6772

Date

Daytime Phone #

CR2E034 (11/98)

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90053 007 ***158.75

