

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

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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000075831 (4)**

1. Corporation Name
MAGIC STEAMER CARPET CLEANER, INC.



Principal Place of Business POST OFFICE BOX 653353 MIAMI FL 33265	Mailing Address POST OFFICE BOX 653353 MIAMI FL 33265-3353
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3. Date Incorporated or Qualified 10/03/1995	3a. Date of Last Report 08/13/1996
4. FEI Number 65-0611818	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent PEREZ, NORMA 3800 S.W. 102 AVENUE #204- MIAMI FL 33165	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 3800 SW 102 AVE.
83	#213
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PVST PEREZ, NORMA	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 653353	1.3 STREET ADDRESS	3800 S.W. 102 Ave # 213
CITY-ST-ZIP	MIAMI FL 33265	1.4 CITY-ST-ZIP	Miami, FL 33165
TITLE	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	D PEREZ, NORMA	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 653353	2.3 STREET ADDRESS	3800 SW 102 Ave # 213
CITY-ST-ZIP	MIAMI FL 33265	2.4 CITY-ST-ZIP	Miami, FL 33165
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 the recorder 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.

SIGNATURE: *Norma Perez* **Norma Perez - President** 2/9/97 (305) 551-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)