

4-16-97 B 4703 C
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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078558 (0)

1. Corporation Name

CLEAN-MASTER INDUSTRIES CORP.

Principal Place of Business

7134 ABBOTT AVENUE
MIAMI BEACH FL 33141

Mailing Address

7134 ABBOTT AVENUE
MIAMI BEACH FL 33141-3010



3. Date Incorporated or Qualified

10/07/1995

3a. Date of Last Rep

04/18/1996

2. Principal Place of Business

21 4305 NW 97th AVE

2a. Mailing Address

26 4305 NW 97th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0622694

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33178

Country

25 U.S.A.

Zip

29 33178

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SALAZAR, JOSE
7134 ABBOTT AVENUE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

SALAZAR JOSE

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

4305 NW 97th AVE

83

84 City MIAMI

FL

85 Zip Code

33178

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME JOSE SALAZAR
STREET ADDRESS 8275 NW 181 TERR.
CITY-ST-ZIP MIAMI LAKES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME SALAZAR JOSE
1.3 STREET ADDRESS 4305 NW 97th AVE
1.4 CITY-ST-ZIP MIAMI, FL 33178

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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.

SIGNATURE:

~~NOT REQUIRED~~ SALAZAR JOSE 4/10/97 305-418-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)