FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT -CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPOR						ONS			
DOCU	MENT	# P950	0000940	51 (6)					
1. Corporatio	n Name			J 1 (U)					
PAYLE	ESS CAR	PET CLEANING	i, INC.						
								(idi dilai ilei kael
Principal Place	e of Business		Mailing Add	iress					(B) E)
6942 NW 169TH STREET			<u> </u>	6942 NW 168TH STREET					
MIAMI FL 33015				MIAMI FL 33015					
							3. Date Incorporated or Qualified	3a. Date of Last	Report
							12/11/1995		
2. Principal P.	lace of Busin	DSS	Fŋ Ŭ	2a. Mailing Address			4. FEI Number	X	Applied For
Suite, Apt.	# etc		26 Suite A	Suite, Apt. #, etc.			-		Not Applicable
22	, p, 010.		}i	27			5. Certificate of Status Desired		5 Additional :
City & State	e			City & State			6. Election Campaign Financing	\$5.0	00 May Be
23			28	·			Trust Fund Contribution	Add	led to Fees
Zip 24		F				8. This corporation has liability for intangible tax under s 199.032,			
	9. Name	L	29 urrent Registered Ag	ent 30	'L	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
					81	Name		-B	
Mejia, Hector					82	Street A	ddress (P.O. Box Number is Not Acceptab	(a)	
6942 NW 168TH STREET					83				
" MIAMI FL 33015									
· L						City		FI 85 Z	Zip Code
11. Pursuant	to the provisi	ons of Sections 607	.0502 and 607.1508, F	lorida Statutes, th	e above r	l named corr	poration submits this statement for the pur pard of directors. I hereby accept the appo	nose of changing its	registered office
or register familiar wi	red agent, or ith, and acce	both, in the State of pt the obligations of,	f Florida. Such change . Section 607.0505, Flo	was authorized by rida Statutes.	the corp	oration's b	pard of directors. I hereby accept the appo	pintment as registere	d agent. I am
SIGNATURE									
Signature, Typed or prived name of registered agent and talk if applicance. (NC 12. OF FICERS AND DIRECTORS				(NOTE Re	g stered Ager	nt signature req	od when recisioning DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Presi			DECETE	1.1 TITLE	·	Procede of	CERS AND DIRECT	
NAME	Hecto	dent or It Mei	'n		1.2 NAME		Hector H. Meija		- Fridantion
STREET ADDRESS	REET ADDRESS 6942 NW 1685+			1 3 STREET ADD		ADDRESS	President Hector H. Mejiq 6942 N.W. 1685 Miami, FL 3301		ĺ
CITY-ST-ZIP					1.4 CHY-S	T-ZIP	Miami, FL 3301;	5	
TITLE NAME	UELEIE 2						,	Change	Addition
STREET ADDRESS					22 NAME 23 STREET	ADDRESS			
CITY-ST-ZIP					24 CITY-S	1			
TOTLE				DELETE	3. 1 TITLE			Change	Addition
NAME					3.2 NAME				
STREET ADDRESS	1				3.3 STREET				
CITY - ST - ZIP TITLE	 			DELETE	3.4 CITY - S 4. 1 TITLE	T-Zifi -		Flohere	
NAME	1		L.J	Part II	4.1 HILE 4.2 NAME	f		☐ Change	Addition
STREET ADDRESS	1				4.3 STREET	ADDRESS			
CITY-ST-ZIP				_	4.4 CITY - S				
TITLE	TLE DELETE 5.1				5. 1 TITLE		00000189	5350%	Addition
NAME				5 2 NAME			00000185535@g		
STREET ADDRESS CITY - ST - ZIP					5 3 STREET		***225.00		
TITLE	<u> </u>			DELETE	54 CHY-S 6 1 THILE	T-ZIP		[] Chana	[] Addition
NAME			L!		6.2 NAME			☐ Change	☐ Addition

14. I do hereby cortify that the information supplied with this filing is vount risk furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual tenor or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or without or of the corporation or the receiver of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changes of chapter 607 and that my name appears in Block 12 or Block 11 if changes of chapter 607.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREE1 ADDRESS

CITY-ST-ZIP

SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING

(305) 819-9155

CR2E034 (12/95)