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

DOCUMENT # P9600005679 (1)

CLEAN CUT SAW SERVICES, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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Resus Garrals

19220 S.W. 118TH AVENUE MIAMI FL 33177

2. Principal Place of Business

Suite, Apt. #, etc.

19220 S.W. 118TH AVENUE MIAMI FL 33177

FILED Apr 10 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

 Date Incorporated or Qualified 01/18/1996

65-0633642

5. Certificate of Status Desired

4. FEI Number

4-1-18

City & Stat	ө	City & Stat	е			6. Election Campaign Financing \$5.00 May Be			
23	T 0	28	 			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	ntry		B. This corporation owes or has parents Property Tay due by	- I		
24 25 29 30 30 30 30 30 30 30 30 30 30 30 30 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
					Name	TO. THAT PURE TO STATE TO	- Biocolou Figuri		
GONZALEZ, REYAN S									
19220 S.W. 118TH AVENUE MIAMI FL 33177				82	Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City		FL 85 Zip	Code	
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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	Signature, typed or printed name of registered agen OFFICERS AND		(NOTE Flegistered	Apeni	t Bignature require	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	20 IAI 40	
TITLE	D OFFICERS AND		DELETE 1,170			ADDITIONS/CHANGES TO OFFI	Change	Addition	
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CITY-ST-ZIP	MIAMI FL 33177			IY-ST-					
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NAME	GONZALEZ, GELASIO		2.2 N		1			_	
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TITLE	•	Ц					Change	☐ Addition	
NAME			6.2 NA						
STREET ADDRESS	•				DDRESS				
CITY-ST-ZIP	partify that the information supplied with	h this filing dose of		Y-ST-		Section 119 07(3Vi) Florida Statutae	further certify that the	information	
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.									