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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ACCRESS

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032076 (7)

H - 24 CLEANING ENTERPRISES CORP.

7020 NW 50TH ST. 7020 NW 50TH ST. MIAMI FL 33168-5634 MIAMI FL 33166-5634 3. Date Incorporated or Qualified 3a. Date of Last Report 04/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Surte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZANINETTI, ALTINA M 600 SW 93 TER. Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33025 83 84 City 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. Thereby accept the appointment as registered agent than familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature typical or point or can elect region red agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THEF DELETE 1.1 TITLE ☐ Change Addition ZANINETTI, ALTINA M NAME 1.2 NAME 600 SW 93 TER. STREET ADDRESS 13 STREET ADDRESS PEMOROKE PINES FL 33025 CITY-ST-ZP 14 CITY-ST-ZIP DELETE THILE 21 TITLE Change Addition SOUZA, SERGIO C NAME 22 NAME 600 SW 93 TER PENBROWE PINES EL 33025 STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-7F 2 4 CITY-ST-ZIP DELETE THRE 31 TITLE ___ Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-20 3.4. CITY - ST - ZIP DELETE TiTLE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE THE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY - ST- ZIP 54 CITY-ST-ZIP DELETE THTLE 61 TITLE Addition 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 suppliemental 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 that 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 of the corporation of