

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

FILED

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 # P96000032950 (3)

1. Corporation Name
SPOTLESS CEILINGS CORP.

Principal Place of Business
21410 WEST DIXIE HIGHWAY
AVENTURA FL 33180

Mailing Address
21410 WEST DIXIE HIGHWAY
AVENTURA FL 33180-1144



3. Date Incorporated or Qualified 04/16/1996
3a. Date of Last Report N/A

4. FEI Number 65-0657825
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
21 17826 NE 5TH AVE
Suite, Apt. #, etc.

2a. Mailing Address
26 17826 NE 5TH AVE
Suite, Apt. #, etc.

22 City & State
23 N MIAMI BEACH, FL

27 City & State
28 N MIAMI BEACH, FL

24 33162-1008 25 USA

29 33162-1008 30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name DINO BAGDADI
82 Street Address (P.O. Box Number is Not Acceptable) 17826 NE 5TH AVE
83
84 City N MIAMI BEACH FL 85 Zip Code 33162

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: Dino Bagdadi 4/3/97
[NOTE: Registered Agent signature required when reinstating]

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	BAGDADI, DINO	
STREET ADDRESS	21410 WEST DIXIE HIGHWAY	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	BAGDADI, RAQUEL	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAGDADI, DINO	
1.3 STREET ADDRESS	17826 NE 5TH AVE	
1.4 CITY-ST-ZIP	N MIAMI BEACH, FL 33162-1008	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BAGDADI, RAQUEL	
2.3 STREET ADDRESS	17826 NE 5TH AVE	
2.4 CITY-ST-ZIP	N MIAMI BEACH, FL 33162-1008	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EMERGUI, RICA	
3.3 STREET ADDRESS	17826 NE 5TH AVE	
3.4 CITY-ST-ZIP	N MIAMI BEACH, FL 33162-1008	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: Dino Bagdadi 1/3/97 653-0555
[NOTE: Registered Agent signature required when reinstating]

CR2E034 (9/96)