

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000033928 (8)**

1. Corporation Name  
**SPARKLE CLEAN, INC.**



Principal Place of Business <b>7040 CORAL WAY, STE. 411 MIAMI FL 33155</b>	Mailing Address <b>7040 CORAL WAY, STE. 411 MIAMI FL 33155</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8567 Coral Way</b> Suite/Apt., etc. 22 <b>271</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33155</b> 25 Country		2a. Mailing Address 26 <b>8567 Coral Way</b> Suite/Apt., etc. 27 <b>271</b> City & State 28 <b>Miami, FL</b> Zip 29 <b>33155</b> 30 Country		3. Date Incorporated or Qualified <b>04/18/1996</b>	4. FEI Number <b>65-0667462</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**CASTRO, MAGDIEL**  
**7040 CORAL WAY, STE. 411**  
**MIAMI FL 33155**  
**8567 Coral Way**  
**Ste. 271**

10. Name and Address of New Registered Agent	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CASTRO, MAGDIEL</b>			1.2 NAME			
STREET ADDRESS	<b>7040 CORAL WAY, STE. 411</b>			1.3 STREET ADDRESS	<b>8567 Coral Way, Ste. 271</b>		
CITY-ST-ZIP	<b>MIAMI FL 33155</b>			1.4 CITY-ST-ZIP	<b>Miami, FL 33155</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CASTRO, EBBY</b>			2.2 NAME			
STREET ADDRESS	<b>7040 CORAL WAY, STE. 411</b>			2.3 STREET ADDRESS	<b>8567 Coral Way, Ste. 271</b>		
CITY-ST-ZIP	<b>MIAMI FL 33155</b>			2.4 CITY-ST-ZIP	<b>Miami, FL 33155</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: **Magdriel Castro** 3-30-98 306-212-8710

CR2E034 (10/97)