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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000043339

| 1. Corporation Name PRO STEAMER INCORPORATED | | |
|--|--|-----|
| • | | |
| Principal Place of Business | Mailing Address | |
| 14761 S.W. 138 TERRACE | 14761 S.W. 138 TERRACE MIAMI FL 33196 | |
| MIAMI FL 33196 | MIAMI 12 33130 | |
| 2. Principal Place of Business | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | |
| Suite, Apt. #, etc. | — · · · · | |
| | 27 | |
| City & State | City & State | |
| Zin | Zin Coun | tn/ |

May 04, 1999 8:00 am Secretary of State

05-04-1999 90072 043 ***150.00



| | | | | | 1966 |
|---|---|--|---|---|---|
| Principal Place of Business Mailing Address | | | | | |
| 14761 S.W. 138 TERRACE MIAMI FL 33196 | 14761 S.W. 138 TERRAC MIAMI FL 33196 | 14761 S.W. 138 TERRACE MIAMI FL 33196 | | . DO NOT WRITE IN THIS | SPACE |
| | • | | | 3. Date Incorporated or Qualifed 05/14/1996 | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 1 | 26 | | | 65-0753159 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | - | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5:00 May Be Added to Fees |
| Zip Country | Zip 29 | Countr 30 | у | This corporation owes the current year Into Personal Property Tax. | angible ∏Yes □No |
| 9. Name and Address of Co | | | | 10. Name and Address of New Registered | Agent |
| GARCIA, JAMES A | | 8 | Name | | |
| 14761 S.W. 138 TERRACE | | 8: | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 33196 | | 8: | 3 | | , |
| | | 8- | City | FL. | 85 Zip Code |
| Pursuant to the provisions of Sections 60 office or registered agent, or both, in the sagent. I am familiar with, and accept the company. | State of Florida. Such change was | s authorized b | v the corporat | poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoin | changing its registered ntment as registered |

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 ☐ Addition Change □ DELETE 1.5 TITLE DS. TITLE NAME GARCIA, JAMES A 12 NAME 14761 S.W. 138 TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33196** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE PD 2.1 TITLE GARCIA, RAQUEL D 2.2 NAME NAME 2904 SW 103RD CT STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33165** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY- ST- ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE Change Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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

SIGNATURE:

CR2E034 (11/98