

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000049329 (1)

1. Corporation Name

SANTIAGO'S CARPET CLEANING & SALES CORP.



Principal Place of Business 14321 LAKE CRESCENT PLACE MIAMI LAKES FL 33014 US	Mailing Address P.O. BOX 112069 HALEAH FL 33011-2069 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2797 West 69 Terrace Suite, Apt. #, etc. 22 City & State 23 Hialeah Florida 24 Zip 33016 25 Country Dade		2a. Mailing Address 26 P.O. Box 112069 Suite, Apt. #, etc. 27 City & State 28 Hialeah Florida 29 Zip 33011-2069 30 Country Dade		3. Date Incorporated or Qualified 06/10/1996	4. FEI Number 65-0675988	Applied For <input checked="" type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				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		

9. Name and Address of Current Registered Agent SANTIAGO, ELENA 14321 LAKE CRESCENT DR. MIAMI LAKES FL 33014				10. Name and Address of New Registered Agent 81 Name Santiago Elena 82 Street Address (P.O. Box Number is Not Acceptable) 2797 West 69 Terrace 83 84 City Hialeah FL 85 Zip Code 33016			
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Santiago Elena	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTIAGO, ELENA			1.2 NAME			
STREET ADDRESS	14321 LAKE CRESCENT PLACE			1.3 STREET ADDRESS	2797 W 69 Terrace		
CITY-ST-ZIP	MIAMI LAKES FL			1.4 CITY-ST-ZIP	Hialeah, FL 33016		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
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:

Signature typed or printed name of filing officer or director

04/27/98

CR2E034 (10/97)