

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
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DOCUMENT # P96000069240 (5)

1. Corporation Name
NEW IMAGES CLEANING CO.



Principal Place of Business 6170 NW 173 STREET APT 416 MIAMI LAKES FL 33015	Mailing Address 6170 NW 173 STREET APT 416 MIAMI LAKES FL 33015-4508
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2. Principal Place of Business 21 17928 N.W. 68 Av.	2a. Mailing Address 26 P.O. Box 174027	3. Date Incorporated or Qualified 08/20/1996	3a. Date of Last Report
Suite, Apt. #, etc. 22 Miami, FL 33015	Suite, Apt. #, etc. 27	4. FEI Number 65-0690194	Applied For Not Applicable
City & State 23	City & State 28 Hialeah, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29 33017-4027	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SANCHEZ, CARLOS 6170 NW 173 STREET APT 416 MIAMI LAKES FL 33015		10. Name and Address of New Registered Agent	
		B1 Name Maria Lucely Dique	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3 17928 N.W. 68 Ave.	
		B4 City Miami	B5 Zip Code FL 33015

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 of 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: *M. Lucely Dique* DATE: **2/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIMBAYA, CIELO X	1.2 NAME	
STREET ADDRESS	CALLE 18 #29-B21	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALI COLOMBIA S A	1.4 CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, CARLOS	2.2 NAME	Maria Lucely Dique
STREET ADDRESS	6170 NW 173 STREET APT 416	2.3 STREET ADDRESS	P.O. Box 174027 NIA
CITY-ST-ZIP	MIAMI LAKES FL 33015	2.4 CITY-ST-ZIP	Hialeah, FL 33017-4027
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 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: *M. Lucely Dique* DATE: **2/25/97**

Daytime Phone # 0122405

CF2E034 (9/96)