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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9600069568 (9) HURRICANE CLEANERS, INC.

Principal Place of Business

Mailing Address

## **FILED** May 08 1997 8:00am Secretary of State



6635 S DIXIE H MIAMI FL 3314		6635 S DIXIE HWY MIAMI FL 33143-7919								
						3. Date Incorporated or Qualified 08/21/1996	3a. Date	e of Last	Report	
2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		<b></b>	Applied For	
21		26				65-0687892	<u> </u>		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State	9	City & State	├─┐ <sup>*</sup>			Election Campaign Financing     Trust Fund Contribution	,			
Zip <b>24</b>	Country 25	Zip <b>29</b>	Cοι <b>30</b>	intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent		
	ANI, SALIH			81	Name					
6835 S DIXIE HWY Miami Fl 33143				82 Street Address (P.O. Box Number is Not Acceptable)						
ı				83	İ					
				84	1		FL		o Code	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu of Florida, Such change was	ites, the a	bove d by	named c	orporation submits this statement for the paration's board of directors. I hereby acceptations	ourpose of option	changing intment a	its registered is registered	
	m tamiliar with, and accept the oblig	jations of, Section 607.0303, m	IUITUA SIA	iutes	<b>&gt;</b> .					
SIGNATURE	Signature, typod or ponted name of registered ag			d Age	nt signature re	equired when reinstating)	DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFK				
TITLE	D DEICENDANZ HANG I	☐ DELETE	1.1 ]				i	Change	Addition	
NAME	PREISENDANZ, HANS J 6835 S DIXIE HWY		1.2 NAME 1.8 STREET ADDRESS		ADODEĆĆ					
STREET ADDRESS City-St-Zip	SHARE FL BOARD				ACOUNT 35					
TITLE	D	DELETE 2.			1-211			Change	Addition	
NAME	MIRANI, SALIH		2.2 NAME							
STREET ADDRESS	11251 SW 24 TERRACE		2.8 STREET ADDRESS		ADDRESS					
City-St-ZIP	MIAMI FL 33165		2.40	CITY-	S1-7IP					
TITLE		☐ DELETE	3.11	ITLE			,	Change	Addition	
NAME			351	IAME						
STREET ADDRESS			3 B S	TREFT	ADDRESS				ĺ	
CITY-ST-ZIP		Decres			ST - ZIP			Change	e Addition	
TITLE		☐ DETEJE	411					☐ Change	; [_] Addition	
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	9,4 C		ST - ZIP			Change	e Addition	
NAME				IAME						
STREET ADDRESS			1		TADDRESS					
CITY-ST-ZIP					\$1-2IP					
TITLE		DELETE	6.11					Change	e 🔲 Addition	
NAME			621	MAN						
STREET ADDRESS			6.3 5	STREET	1 ADDRESS					
CITY-ST-ZIP					ST-ZIP					
	by certify that the information sympli-	nal with this filing does not out				ated in Section 119.07(3)(i), Florida Statute	es I further	certify th	at the	

The first mind properties the exemption stated in Section 118.07(3)(1), Florida Statutes. Floriner certify that the supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name or in an attachment with an address. information indicated on this annual information indicated on this annual I am an officer or director of the chappears in Block 12 or Block 13/1 g