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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069568 (9)

HURRICANE CLEANERS, INC.

Principal Place	e of Business	Mailing Address				s identität me jäne sitti sänn obnit esin etus bitti	/ 18181 BIIIB	MITES AND LANDS	
6635 S DIXIE HWY 6635 S DIXIE HWY MIAMI FL 33143 MIAMI FL 33143						DO NOT WRITE IN THIS S	RPACE		
						3. Date Incorporated or Qualified 08/21/1996	17102		
2. Principal Place of Business 2a. Mailing Address			ess			4. FEI Number		Applied For	
<u> </u>		26				65-0687892		Not Applica	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State	<u></u> ⊢¬ '			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip	Country			8. This corporation owes or has paid the cur			
4	25	29	30			Personat Property Tax due June 30.		□ No	
	9. Name and Address of Cur	rent Registered Agent		<u> </u>		10. Name and Address of New Registered A	gent		
MIRANI, SALIH 6635 S DIXIE HWY MIAMI FL 33143				81	Name				
				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
WIL	WHI FC 33 143			83		grande garage ga			
				84	City	FL	85 Zij	p Code	
11. Pursuant office or reagent 1 a	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Flori ate of Florida. Such char digations of, Section 607.	da Statutes, the a ige was authorize 0505, Florida Sta	bove- ed by t	named cor the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	changing ointment a	its register as registere	
SIGNATURE	Signature typed or printed name of registered	Appel and by Manal askin	(HOTE Banister	- 4000	ninnet us soci	uired when reinstating) DATE			
12.		AND DIRECTORS	13.	BLY ALL BEIT	althatore rectr	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12	
TITLE	D		LETE 1,1 T	TIF.			Change		
NAME	PREISENDANZ, HANS J			IAME			_ •		
STREET ADDRESS	6835 S DIXIE HWY		1	TREET A	DORESS				
City-St-Zip	MIAMI FL 33143			1.4 CITY-ST-ZIP					
TITLE	D					Change [
NAME	MIRANI, SALIH	<u></u>	J	IAME	ŀ				
STREET ADDRESS	11251 SW 24 TERRACE		1	TREET A	DUBECC				
CITY-SI-ZIP	MIAMI FL 33165			CITY-ST					
U111-21-21	MIN AUI LE AA IAA		■ 240	UIT-51	411				

STREET ADDRESS **5.3 STREET ADDRESS** 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITL€ 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

2 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3 1 TITLE 3.2 NAME

4.1 TITLE

5 1 TITLE

5.2 NAME

DELETE

DELETE

DELETE

14. Thereby 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 eath; that I am an officer or director of the corporation or that receiver or tridistee 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, and or an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-\$T-ZIP

TITLE

NAME

TITLE

TITLE

NAMÉ

Change

Change

Addition

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Addition

FILED

May 08 1998 8:00am

Secretary of State