## 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 # P96000070944 (9)

RAF'S CLEANING SERVICES CORP.

FILED
May 16 1997 8:00am
Secretary of State



Principal Place	e of Business	Mailing Address				T EBBLIADE IND TRIES BITH BRITE SPITE BRITE BRITE BRITE BRITE DESIGNATION OF THE CONTRACT OF T				
2693 WEST 73 PLACE HIALEAH FL 33016		2693 WEST 73 PLACE HIALEAH FL 33016-5425								
						3. Date Incorporated or Qualified 08/26/1996	<b>3a.</b> Da	le of La	ast Report	
<u> </u>	lace of Business	28. Mailing Address	2a. Mailing Address			4. FEI Number		T	Applied For	
21		26			65-069/17	7/	-	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.	75 Additional	
22 City 9 State		27				5. Certificate of Status Desired	LJ	Fe	e Required	
	е	City & State			6. Election Campaign Financing		\$5	.00 May Be		
23		28				Trust Fund Contribution				
Zip		<b>}</b>		Country		8. This corporation has liability for in	intangible tax under s. 199.032,			
24	25			0			Yes 🛛 No			
41.00	9. Name and Address of Curr	ent Registered Agent		2.1		10. Name and Address of New Reg	Istered A	gent		
	RILAWYER CHARTERED			81	Name					
	ALMERIA AVENUE			82	Street Add	lress (P.O. Box Number is Not Acceptable	e)			
COR	IAL GABLES FL 33134						,			
				83						
			-	84	City			85	Zip Code	
				- 1	•		FL			
11. Pursuant t	to the provisions of Sections 607.05	002 and 607.1508, Florida State	utes, the at	ove	-named cor	poration submits this statement for the pulicular board of directors. Thereby accept	rpose of	chang	ing its registered	
agent. I ai	m familiar with, and accept the obli	gations of, Section 607,0505, F	Florida State	utes	tne corpora	mon's board of directors. I hereby accep	the appo	intmer	nt as registered	
SIGNATURE									]	
	Signature, typed or printed name of registered a			Ager	il signature requ	red when reinstating)	[FAI]			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE				
TITLE				tŧ		Cha	nge 🔲 Addition 🛚			
NAME	MORALES, RAFAEL		1.2 NA	ME						
STREET ADDRESS	2693 WEST 73 PLACE		1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CIT	Y-51	· ZIP					
TITLE		DELETE	DELETE 2.1 TILLE					Cha	nge Addition	
NAME			2.2 NA	2.2 NAME						
STREET ADORESS			2.3 \$19	KEET /	ADORESS					
CITY-ST-2IP			2 4 CI	1Y-5	1 - ZIP				]	
TITLE		DELETE	3 1 111	l E				Cha	nge Addition	
NAME			3.2,NA	ME					j	
STREET ADDRESS			33 516	AEE1 /	ADDRESS					
CITY-ST-ZIP			34,00	1Y-S1	1 - 71P					
TITLE		DELETE	41][1	l F			Ι	Cha	nge 🔲 Addition	
NAME			4 2 NA	ME						
STREET ADDRESS			4 3 S1F	HEET #	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y- ST	- ZIP					
TITLE		DELETE	5.1 7111	l f	12.		t	Cha	nge 🔲 Addition	
NAME			5.2 <sub>:</sub> NAI	ME						
STREET ADDRESS			5.3 STF	REED A	ADORESS					
CITY-ST-ZIP			5.4[CI]	Y - S1	- 7IP					
TITLE		DELETE	6.1 T(1)				Ţ	Chai	nge Addition	
NAME			6.2-NAI	MF						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		·	6.4°CH	Y- S1	. 7IP					
	y certify that the information suppli	od with this filing does not qua	lify for the e	exen	nption state	d in Section 119.07(3)(i), Florida Statutes	I further o	certify	that the	

I do Refeby certify that the information supplied with this filting closes 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 preciver 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 Clyring id, or on the attact iment with an address.

approximation to the state of t

SIGNATURE:

4-25-9

(305) 826 4834