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

• PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

APPROVED AND FILED

1797 FEB 14 MI 7: 21

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600072649 (2) CLEAN PLUS DISTRIBUTOR INC.							SECHETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address								
11801 SW 97TH STREET					11601 SW 97TH STREET MIAMI FL 33178-2507			
								3. Date Incorporated or Qualified 38. Date of Last Report
	Principal Pla	ce of Busines	2a. Mailing Ad	2a. Mailing Address			08/30/1996 4. FEI Number Applied For	
21	, into part to		26				65-07/0082 Not Applicable	
	Suite, Apt. #.	, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22	City & State			City & State	City & State			Fee Hequired
23				 1	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
20,	Zip		Country	Zip	L	Country	/	8. This corporation has liability for intangible tax under s 199.032,
24		25		29	30			Florida Statutes Yes No
<u> </u>		9. Name an	d Address of Curr	ent Registered Agen	t	B1	Name	10. Name and Address of New Registered Agent
DE LA TORRIENTE, COSME J ESQ. 155 SOUTHWEST 25TH ROAD MIAMI FL 33129						82 83		ddress (P.O. Box Number is Not Acceptable)
						84	City	FL 85 Zip Code
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, it 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). DAIL								
12			OFFICERS A	ND DIRECTORS	D. C. C. C. C.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME NICOLAS, RAFAEL STREET ADDRESS 11601 SW 97TH STREET				U	,		1 ADDRESS	3000020879331 -02/14/9701050021 ****165.00 ****165.00
$\overline{}$	Y-S1-ZIP	MIAMI FL 3	3176	لاة!	DELETE	1.4 CITY - 5	ST - ZIP	· Change Addition
Titl		SD BLOOKUUS	DEDEK T	4	DELETE	2.1 TOLE 2.2 NAME		oriangs radinor
	STREET ADDRESS 850 W MIAMI AVENUE STE 2104					2 3 STREET ADDRESS		
	Y-S1-ZIP	MIAMI FL 3				2 4 CITY-	ST-ZIP	
TIR	TIPLE BUGGENIOS, ALLEGANDO DELETE					31 TITLE		☐ Change ☐ Addition
NA	ME		~a	ALVARAD	0	32 NAME		
	REET ADDRESS	/845/	JW. M7	ave.	ا م		T ADDRESS	
\vdash	Y-ST-ZIP	MAM	1, FL 3	<u> </u>	DELETE	3.4. CITY - 4.1 TITLE	ST-ZP	Change Addition
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	REET ADDRESS						T ADDRESS	
	IY-ST-ZIP				ı	4.4 CITY - :		
TIT		"			DELETE	5.1 TITLE		Change Addition
NA	ME					5.2 NAME		
S16	REET ADDRESS					5.3 STREE	T ADDRESS	İ
CIT	TY - ST - ZIP					5.4 CITY	S1-ZIP	
TiT	LE			Ц	DELETE	6.1 TITLE	ĺ	Change (L) Addition
NA					i	6.2 NAMÉ		72,10,1
STI	REET ADDRESS				ľ	6.3 STREE	1 ADDRESS	5 Jul

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 copporation or the eccaser or trustee empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, it is not appeared by the composition of the copporation of the c (20c) 229-16988