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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000075010 (4)

MAX STEAMER CARPET CLEANER INC.

Principal Prace of Business

Mailing Address

FILED May 16 1997 8:00am Secretary of State



17011 N. BAY RD., APT. 108 N. MIAMI BEACH FL 33160				17011 N. BAY RD., APT. 106 N. MIAMI BEACH FL 33160-3628								
							:	3. Date Incorporated or Qualified 09/10/1996	3a. Date	of Last F	leport	
	lace of Busines		24.	. Mailing Addres	s			4. FEI Number	· · · · · · · · · · · · · · · · · · ·		pplied For	
1055-92 Street			26					The state of the s			ot Applicable	
Suite, Apt. #. etc. 22 Apt.#4				Suite, Apt. #. etc. 27 Apt. #4				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	·			City & State				6. Election Campaign Financing	-		May Be	
²³ Bay	Harbo	r_Isalnd,F	1 28	Bay Harl	or,I			Trust Fund Contribution			to Fees	
		1	 -	zφ⁻ 33154	30	Cour	•	8. This corporation has liability for Florida Statutes	intangible ta Yes		s. 199 .032,	
24 331		USA nd Address of Curren	29 Regis		30	T	<u>, , , , , , , , , , , , , , , , , , , </u>	10. Name and Address of New Ro				
7360	RONADO, NE D CORAL WA MI FL 33155					Ĺ	82 Street Add	CA BARRAZA iress (P.O. Box Number is Not Accepta - 92 Street #4	ble)			
MIA	MI FL 33 133					h	B3 83	- 25 DCTGGC H4				
						-	0.6			leel Zin	Code	
						[BAY F	HARBOR ISLAND	FL	85 Zip	Code 154	
11. Pyrsuant I	to the provision	is of Sections 607.050	and 6	607.1508, Florida	Statutes, 1	the ab	ove-named con	poration submits this statement for the	purpose of c	hanging i	its registered	
office or re agent. Lac	egistered agen m faniliar with,	it, or both, in the State and Accept the øbliga	OFFICE NOTE O	ida. Such charige of, Section 607.05	Op, Florida	a Statu	ites.	tion's board of directors. I hereby acce		niment as	; registered	
SIGNATURE	Homiea	Jame K.	0	ASIGION	13/1-121	RAK	:4	4 15 19				
····	डिक्र. क. भूक्तक				(NOIL Re	gistered	Agent signarure requ	ired when reinstating) \ \ ADDITIONS/CHANGES TO OFFI	DATE CEDC AND I	DIDECTO	DC IN 12	
12. TILE	DPS	OFFICERS AND	J LJIME.	DELE	TF	1.1 I/I	F	ADDITIONS/CHANGES TO OFFI		Change	Addition	
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CdY+SI+ZIP		EACH FL 33160			l l		Y-ST-ZIP					
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1111.6				DEFE	TE	51 TIT	LE			Chang	Addition	
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STEET ADORESS						53 \$11	ieet address	•	41/2)/ <i>[[[</i>	1/G(\)	
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CITY ST-20F					\triangle		Y-ST-ZIP	***165.00				
14 Ldo hezel	by certify that to	ne information supplied	i with t	this filing does no	quality to	or the c	exemption state	ed in Section 119.07(3)(i). Florida Statut	es. I further i	certify tha	t the	

information and cated on this arinual report or supplied with units using does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated on this arinual report or supplierental 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 enipowered 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 progress.

SIGNATURE: