

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA6000075461**
1. Corporation Name
Masterized Cleaning Services Corp.

97 SEP 26 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11424 S.W. 109 Rd
Miami, FL 33176

Mailing Address
SAHE

2. Principal Place of Business

21 **SAHE**

Suite, Apt. #, etc.
N/A

22 City & State

23

Zip

24

Country

25

2a. Mailing Address

26 **SAHE**

Suite, Apt. #, etc.

27 **N/A**

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

4-11-96

3a. Date of Last Report

4. FEI Number

65-0692567

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Nilda Sanchez

82 Street Address (P.O. Box Number is Not Acceptable)

12219 S.W. 14 Ln Apt 2203

83

84 City

Miami

FL

85 Zip Code

33176

11. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Nilda Sanchez - chief executive officer**

Nilda Sanchez

9-23-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President

Edwin Leyva

11412 S.W. 113 Ter

Miami FL 33186

Vice-President

Angel A. Castano

11424 S.W. 109 Rd

Miami, FL 33176

Secretary

Nilda Sanchez

12219 S.W. 14 Ln Apt 2203

Miami, FL 33184

TREASURY

Astrid Golemo

11424 S.W. 109 Rd

Miami, FL 33176

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

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☐ Addition

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 corporation or the receiver 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 changed, or on an attachment with an address.

SIGNATURE: **Nilda Sanchez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-97 (305) 270-1070

Date

Daytime Phone #

CR2E034 (9/96)