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FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000090296 (0)

1. Corporation Name  
NATIONAL CLEANING SYSTEMS, INC.



Principal Place of Business

1313 PONCE DE LEON BLVD., STE. 201  
CORAL GABLES FL 33134

Mailing Address

1313 PONCE DE LEON BLVD., STE. 201  
CORAL GABLES FL 33134-3343

3. Date Incorporated or Qualified  
11/04/1996

3a. Date of Last Report

4. FEI Number  
65-0704676

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 3571 NE 19 AVENUE

Suite, Apt #, etc.

22

City & State

23 FT LANDERDALE FL

Zip

24 33308

Country

25 USA

2a. Mailing Address

26 P.O. BOX 9562

Suite, Apt #, etc.

27

City & State

28 FT LANDERDALE FL 33310

Zip

29 33310

Country

30 USA

9. Name and Address of Current Registered Agent

ALVAREZ, GASTON R  
1313 PONCE DE LEON BLVD., STE. 201  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

B1 Name GASTON R. ALVAREZ

B2 Street Address (P.O. Box Number is Not Acceptable)

2701 LE JUNE ROAD

B3 SUITE 407

B4 City CORAL GABLES

FL

B5 Zip Code 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

3/25/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME BORGES, JOAO M  
STREET ADDRESS 197 DUKES ST.  
CITY - ST - ZIP KEARNEY NJ 07032

TITLE ☐ DELETE  
NAME MARTINS, LUISA M  
STREET ADDRESS 197 DUKES ST.  
CITY - ST - ZIP KEARNEY NJ 07032

TITLE ☒ DELETE  
NAME BORGES, EDUARDO A  
STREET ADDRESS 197 DUKES ST.  
CITY - ST - ZIP KEARNEY NJ 07032

TITLE ☒ DELETE  
NAME BORGES, RUI L  
STREET ADDRESS 197 DUKES ST.  
CITY - ST - ZIP KEARNEY NJ 07032

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 3571 NE 19 AVENUE  
1.4 CITY - ST - ZIP FT LANDERDALE FL 33308-6206

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 3571 NE 19 AVENUE  
2.4 CITY - ST - ZIP FT LANDERDALE FL 33308-6206

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97  
Date

Daytime Phone #

CR2E034 (9/96)