

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

**FILED**  
**Mar 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000092274 (5)**  
 1. Corporation Name  
**MIAMI'S CLEANING SERVICE AND REPAIR CORP.**



Principal Place of Business <b>10816 SW 88 ST #R20 MIAMI FL 33176</b>	Mailing Address <b>10816 SW 88 ST #R20 MIAMI FL 33176</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/12/1996</b>	
2. Principal Place of Business 21 <b>17825 SW 144 CT</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>17825 SW 144 CT</b> Suite, Apt. #, etc.
22 City & State 23 <b>MIAMI, FL.</b>	27 City & State 28 <b>MIAMI, FL.</b>
24 Zip <b>33177</b> 25 Country <b>Dade</b>	29 Zip <b>33177</b> 30 Country <b>Dade</b>
4. FEI Number <b>65-0717928</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FERNANDEZ, FERNANDO**  
**10816 SW 88 ST #R20**  
**MIAMI FL 33176**

10. Name and Address of New Registered Agent  
 81 Name **FERNANDO FERNANDO**  
 82 Street Address (P.O. Box Number is Not Acceptable) **17825 SW 144 CT**  
 83  
 84 City **MIAMI** FL 85 Zip Code **33177**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>FERNANDEZ, FERNANDO</b>	
STREET ADDRESS	<b>10816 SW 88 ST. R20</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: \_\_\_\_\_ DATE: **02-02-1998** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **97145-18**

CR2004 (1097)