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

PROFIT CORPORATION ANNUAL REPORT

1998



Jame PEREZ JR

LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000049475 (1)

SANI-KLEEN PRODUCTS, INC.

FILED May 27 1998 8:00am Secretary of State

4-11-98 (305) 462-9299

Principal Place	of Business	Mailing Address			
5747 S.W. 321		5747 S.W. 32ND STREE	т		
MIAMI FL 33155		MIAMI FL 33155		50 107 107	T 41 T 10 00 10 F
				DO NOT WRITE IN THIS SPACE	
			•	3. Date Incorporated or Qualified 06/02/1997	
2. Principal P	lace of Business	2a. Mailing Address	, , , , , , , , , , , , , , , , , , ,		OO2CO Applied For
21		26		4. FEI Number 65-078	82358 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T Country	Trust Fund Contribution	Added to Fees
Zip	Country	74) 29	Country 30	8. This corporation owes or has p Personal Property Tax due Jun	 • • • • • • • • • • • • • • • • • •
24	25 9. Name and Address of Curr	and the color of t	1301	10. Name and Address of New R	· · · · · · · · · · · · · · · · · · ·
PFF	REZ, JESUS JR	T T	81 Name	-	
	7 S.W. 32ND STREET		82 Street Add	ress (P.O. Box Number is Not Accepte	ablo)
	MI FL 33155		DE SILGER AUGI	ress (ro. dox riginber is not Accepte	ible)
	•		83		
			84 City		■ 85 Zip Code
			'	poration submits this statement for the	FL `
office or re agent. Far SIGNATURE	egistered agent, or both, in the Sta in familiar with, and accept the obli-	te of Florida, Such cha nge was gations of, Section 607.0505, f	authorized by the corporal lorida Statutes. The Rog stered Agent signature requi-	lion's board of d irectors. I hereby acce	ept the appointment as registered
12,	, ,	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	PEREZ, JESUS JR		1.2 NAME		
STREET ADDRESS	5747 S.W. 32ND STREET		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		1.4 Crty - ST - ZIP		
TITLE		L] DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY-ST-ZIP 3.1 TITLE		Change Addition
NAME		C Meete	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	·	
CITY-ST-ZIP			3.4. C)[Y-S1-ZiP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		☐ DELETE	5.1 TH LE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		There	5.4 CITY-ST-7IP		Change Addition
TITLE		L_J DELETE	6.1 TIPLE		☐ Change ☐ Addition
NAME CERTE ADDRESS			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied	with this filling does not quality	64 C/TY-S1-ZIP for the exemption stated in	Section 119.07(3)(i), Florida Statutes.	I further certify that the information
indicated of officer or officer o	on this annual report or supplierser	ital annual report is true ànd àc ce ver or trasfee emp owered t e	າະມ ເຂβA∕ and that my sikinatu	re shall have the same logal effect as ured by Chapter 607, Florida Statutes	if made under oath; that I am an