

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076986

1. Corporation Name DOREUS ENTERPRISES, INC.

FILED

99 OCT 27 PM 12: 36



04-26-99 90264 043 \$150.00

Principal Place of Business 724 NW 189 STREET MIAMI FL 33168 US

Mailing Address 551 NW 187ST MIAMI FL 33169 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4865 N.W. 17th AVE

2a. Mailing Address 26 4865 N.W. 17 AVE

City & State 23 MIAMI Fla U.S.A

City & State 28 MIAMI FL

Zip 24 33142

Zip 29 33142

9. Name and Address of Current Registered Agent

GICLEANERS, A E 724 NW 119 STREET MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name DOREUS GERTA 82 Street Address (P.O. Box Number is Not Acceptable) 4865 N.W. 17 AVE 83 MIAMI FL 33142 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Gerta Doreus

(Only if Registered Agent signature required when consisting)

DATE

12. OFFICERS AND DIRECTORS

Table with 5 rows for officers and directors, including columns for Title, Name, Street Address, City, State, and Zip. Row 1: DOREUS, GERTA, 551 N.W. 187TH STREET, NORTH MIAMI BEACH FL 33189.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for additions/changes to officers and directors, including columns for Title, Name, Street Address, City, State, and Zip.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Gerta Doreus

PRINT NAME AND TYPED OR PRINTED NAME OF BUSINESS OFFICE FOR DIRECTOR

4-20-99 90264 043 \$150.00

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