


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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90081 029 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000079198					
1. Corporation Name FLA City AMERICLEAN EXPRESS, INC.					
Principal Place of Business F1 City Americlean Express Inc. 28919 S.Dixie Hwy. Homestead FL 33033 33033			Mailing Address (Same)		
2. Principal Place of Business 21 Same Suite, Apt. #, etc. 22 N/A City & State 23 Zip Country 24		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 N/A City & State 28 Zip Country 29		3. Date Incorporated or Qualified 65-0780131 4. FEI Number 65-0226190 5. Certificate of Status-Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent John Philip Vasconcellos 21300 S.W. 101 Avenue Cutleridge, Perrine, 33189 MIAMI			10. Name and Address of New Registered Agent 81 Name John Philip Vasconcellos 82 Street Address (P.O. Box Number is Not Acceptable) 21300 S.W. 101 Avenue 83 Cutleridge 84 City Perrine MIAMI FL 85 Zip Code 33189		
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 JOHN PHILIP VASCONCELLOS (PRS) APRIL 5th 1999 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 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					

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, with all other like empowered.

SIGNATURE: MOHAMED KHAN 1/25/1999 305-245-1121
Date Daytime Phone #

CR2E034 (11/98)