

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90051 009 \*\*\*150.00

0197978

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P97000106159

1. Corporation Name  
CONSTRUCTION CLEANING AND RESTORATION SERVICES I  
NC.



Principal Place of Business 7105 SW 8 Street #410 Miami, FL 33144	Mailing Address P.O. Box 403786 Miami Beach, FL 33140
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Carlos Aragunde Suite, Apt. #, etc. 22 7105 SW 8 Street #410 City & State 23 Miami, FL Zip 24 33144	2a. Mailing Address 26 P.O. Box 403786 Suite, Apt. #, etc. 27 City & State 28 Miami Beach, FL Zip 29 33140	3. Date Incorporated or Qualified 12/17/1997 4. FEI Number 65-0806787 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--

9. Name and Address of Current Registered Agent

ARAZOZA.COMAS,DE TORRES&FERNANDEZ-FRAGA,PA  
101 MADEIRA AVE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Carlos Aragunde	82 Street Address (P.O. Box Number is Not Acceptable) 5812 Pine Tree Dr.	83	84 City Miami Beach	85 Zip Code 33140
----------------------------	---	----	------------------------	----------------------

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ARAGUNDE, CARLOS	1.2 NAME	
STREET ADDRESS	7105 SW 8 St. #410	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33144	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED 4/1/99 (305) 264-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)