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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90061 036 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000004153			
1. Corporation Name SUPERSTAR CLEANERS ASSOCIATES, INC.			
Principal Place of Business 1859 N.W. 93RD WAY PLANTATION FL 33322		Mailing Address 1859 N.W. 93RD WAY PLANTATION FL 33322	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 7628 NW. 186 St. Suite, Apt. #, etc.		2a. Mailing Address 26 7628 NW. 186 St. Suite, Apt. #, etc.	
22 City & State 23 Miami, FL		27 City & State 28 MIAMI FL	
24 Zip 33015 Country Dade		29 Zip 33015 Country Dade	
9. Name and Address of Current Registered Agent KLEIN, JEFFREY G 23123 STATE ROAD 7 STE. 350-B BOCA RATON FL 33428		10. Name and Address of New Registered Agent 81 Name Carlos Yanes 82 Street Address (P.O. Box Number is Not Acceptable) 6729 Crooked Palm Ln. 83 84 City Miami FL 85 Zip Code 33014	
11. Pursuant to the provisions of Sections 607.0501 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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHLEIFER STEVEN 1859 N.W. 93RD WAY PLANTATION FL 33322	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Carlos Yanes 6729 Crooked Palm Ln Miami, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)