

DOCUMENT # P98000004153
1. Entity Name SuperStar Cleaners Associates

Principal Place of Business	Mailing Address
7628 nw. 186 st Miami, Fl. 33015	7628 nw. 186 st. Miami, Fl. 33015


2. Principal Place of Business 7628 nw. 186 st Suite, Apt. #, etc.		3. Mailing Address 7628 nw. 186 st. Suite, Apt. #, etc.	
City & State Miami, Fl.		City & State Miami, Fl	
Zip 33015	Country Dade	Zip 33015	Country Dade

6. Name and Address of Current Registered Agent

Carlos Yanes
7628 nw. 186 st.
Miami, Fl. 33015

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  Carlos Yanes 4-25-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
--	---	--	------------------------------------

OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<div>ADDRESS</div> <div>ST-ZIP</div>	<div><input type="checkbox"/> Delete</div> <div>Carlos Yanes</div> <div>6729 Crooked Palm Ln</div> <div>Miami Lakes, FL 33014</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>	
<div>ADDRESS</div> <div>ST-ZIP</div>	<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>	
<div>ADDRESS</div> <div>ST-ZIP</div>	<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>	
<div>ADDRESS</div> <div>ST-ZIP</div>	<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>	
<div>ADDRESS</div> <div>ST-ZIP</div>	<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>	
<div>ADDRESS</div> <div>ST-ZIP</div>	<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>	

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Vanes 4-25-2000 305-557-3329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)