

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90015 026 ***150.00

DOCUMENT # **P98000010968**

1. Corporation Name

CLASSIC CLEANING SYSTEMS, INC



Principal Place of Business

**13484 SW 62ND STREET
SUITE #1
MIAMI FL 33183**

Mailing Address

**13484 SW 62ND STREET
SUITE #1
MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1998

4. FEI Number

65-0812101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 13481 SW 62st

Suite, Apt. #, etc.

22 #1

City & State

23 MIAMI, Florida

Zip

24 33183

Country

25 MIAMI-DADE

2a. Mailing Address

26 13481 SW 62st

Suite, Apt. #, etc.

27 #1

City & State

28 MIAMI, Florida

Zip

29 3383

Country

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

**VILLAR, ROBERT
10450 SW 4ND STREET
MIAMI FL 33165**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE	Paulina N. Brito	<input checked="" type="checkbox"/> DELETE
NAME	8520 SW 133 AVE RD, #204	
STREET ADDRESS	MIAMI, FL 33183	
CITY-ST-ZIP	(Secretary)	
TITLE	Jorge C. Lorenzo	<input checked="" type="checkbox"/> DELETE
NAME	8520 SW 133 AVE RD, #204	
STREET ADDRESS	MIAMI, FL 33183	
CITY-ST-ZIP	(Treasurer)	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(P) Hector GALAZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	13481 SW 62st, Ste #1	
1.3 STREET ADDRESS	MIAMI, FL 33183	
1.4 CITY-ST-ZIP		
2.1 TITLE	(V) MAYRA GALAZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	13481 SW 62st, Ste #1	
2.3 STREET ADDRESS	MIAMI, FL 33183	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

MAYRA GALAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/99 (305) 387-3578
Date Daytime Phone #

CR2E034 (5/99)

6048000010968
604 381-0005-26

CLASSIC CLEANING SYSTEMS, INC.

13481 S.W. 62nd Street, Ste. #1

Miami, Florida 33183

PHONE (305) 539-2463

FAX # (305) 387-5932

Tax ID # 65-0812101

August 13, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Classic Cleaning Systems, Inc.

P98000010968

ADDRESS CORRECTION

Dear Sir/Madam,

Please correct your records to reflect that the address for my corporation is:

13481 SW 62nd Street

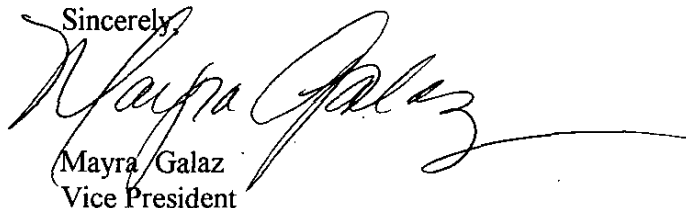
Suite #1

Miami, FL 33183

Your records reflect an **incorrect 13484** entry. Due to this error, the annual report was never received. The second notice was received by coincidence. My office is located at a complex where there is no # 13484. In the mailboxes area the second notice was left forced-lodged into the crack between two mailboxes. I happened to see it by accident, otherwise I would have also not received it.

Because of this situation that I could not control I was unable to file on time. I am therefore enclosing my annual report with the original amount of \$150.00 representing the amount of a timely filed report. Thank you for your kind consideration.

Sincerely,



Mayra Galaz
Vice President

Enclosures