

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000069714
1. Corporation Name

CRYSTAL CLEAR FLOORS CORP.

Principal Place of Business
2742 Biscayne Blvd
Miami, FL 33137

Mailing Address
2742 Biscayne Blvd
Miami, FL 33137

3. Date Incorporated or Qualified 08/11/98
3a. Date of Last Report
4. FEI Number 65-0857257
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

81 Name GONZALEZ ANN E.
82 Street Address (P.O. Box Number is Not Acceptable) 2742 Biscayne Blvd
83
84 City Miami, FL 85 33137

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 *Ann E. Gonzalez* President DATE 7/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1. TITLE	☒ Change ☐ Addition
NAME		12. NAME	GONZALEZ ANN E.
STREET ADDRESS		13. STREET ADDRESS	2742 Biscayne Blvd
CITY-ST-ZIP		14. CITY-ST-ZIP	Miami, FL 33137
TITLE	☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME		22. NAME	300002932023--8
STREET ADDRESS		23. STREET ADDRESS	-07/15/99--01039--003
CITY-ST-ZIP		24. CITY-ST-ZIP	*****61.25 *****61.25
TITLE	☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person 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: *Ann E. Gonzalez* President DATE 7/9/99 (305) 208-5223

FILED
99 JUL 12 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA