

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

FILED

Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S38971 (5)

1. Corporation Name

AAA MR. CARPET CLEANING, INC.

Principal Place of Business

661 NE 177TH ST  
N MIAMI FL 33162  
US

Mailing Address

661 NE 177TH ST  
N MIAMI FL 33162-2014  
US

2. Principal Place of Business

21 661 NE 177th  
Suite, Apt. #, etc.

22 City & State  
N-MIAMI FL

23 Zip 33162 Country U.S.A

24 25 29 30

2a. Mailing Address

26 661 NE 177th  
Suite, Apt. #, etc.

27 City & State  
N-MIAMI FL

28 Zip 33162 Country U.S.A

3. Date Incorporated or Qualified  
03/15/1991

3a. Date of Last Report  
01/30/1996

4. FEI Number

65-0253284

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

10. Name and Address of New Registered Agent

SHITZ, YOSEF  
2430 N.E. 188TH ST.  
N MIAMI BEACH FL 33180

81 Name YOSEF SHITZ

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

83 661 NE 177th

84 City N-MIAMI FL

85 Zip Code 33162

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

YOSEF SHITZ

3-3-97

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 D SHITZ, YOSEF

NAME 661 N E 122 ST

STREET ADDRESS NORTH MIAMI FL

CITY - ST - ZIP

TITLE D SHITZ, YOSEF

NAME 661 NE 177TH ST

STREET ADDRESS NORTH MIAMI FL

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)