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

PROFIT Feb 06 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)AAA MR. CARPET CLEANING, INC. Principal Place of Business Mailing Address 661 NE 177TH ST 661 NE 177TH ST N MIAMI FL 33162 N MIAMI FL 33162 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 03/15/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0253284 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Z_{1D} 8. This corporation owes or has paid the current year Intangible 24 25 Yes 29 30 Personal Property Tax due June 30. ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHITZ, YOSEF 661 NE 177 ST Street Address (P.O. Box Number is Not Acceptable) N. MIAMI FL 33162 83 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TITLE 1.1 TITLE ☐ Change Addition SHITZ, YOSEF NAME 1.2 NAME 661 N E 122 ST STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition SHITZ, YOSEF NAME 661 NE 177TH ST STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 HILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 1111.1 ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 C/TY-ST-ZIP 14. I hereby certify that the information supplied with this fling 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee appears in Block 12 or Block 13 if changed, or on an attachnique, with an address.

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