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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 567110

BROTHERS CLEANING SERVICE GEP.

Principal Place of Business Mailing Address 8830 SW 123 CT. # 1209 3. Date Incorporated or Qualified 3a. Date of Last Report MIAMI, FL 7/24/91 2. Principal Place of Business 21 8830 SW 1234 CT. 2a. Mailing Address mber Applied For 65-0273956 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIRMI. 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intergible tax under s. 199.032, Yes No Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EUGENIO ESCARATE Street Address (P.O. Box Number is Not Acceptable) 8830 SW 123 G. 4 I209 83 MIAMI FL 33186 **B4** City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Strpur is Typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE EUGENIO ESCAPATE 8830 SW 123 CT. HAIAE 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CHY-ST-ZAP 1.4 CiTY-ST-ZIP DELETE Charige Addition TITLE 21 THILE RODRIGO ESCARATE NAME 22 NAME 8830 SW 1274 Car 23 STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 2.4 CITY-ST-ZIP OUT ST 26 DELETE DRE 3.1 TITLE Change Addition THATAE 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** City SI-Zir 34. CITY-SY-ZIP DELETE Addition LILE 4.1 Tilli E Change

City-St-7P ###165.00

14. If 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 ollicer 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 anyaddress.

4.2 NAME

5.1 TITLE

5.2 NAME

611001

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 City-St ZIP

SIGNATURE:

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Secretary of State

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