## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIL CORPORATION** ANNUAL REPORT

1996

SUPREMA USA CLEANERS INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

(5)

**FILED** Mar 12 1996 8:00 am Secretary of State



, Principal Place o	of Business	Mailing Address	Mailing Address								
3260 NW 23RD AVE S-500 E POMPANO BEACH FL 33069		S-500 E	3260 NW 23RD AVE 6-500 E POMPANO BEACH FL 33069								
POMPANO E	SEAUTI FL 33009	POMPANO DEACH	POMPANO DEMON PL SUCES		3.	Date Incorporated or Qualified 04/15/1992	3a. Date of Last Report 04/18/1995				
2. Procepat PLo 21	ao af Businass	2a. Mailing Address	1 1 <sup>3</sup>			4.	. FEI Number <b>65-0339847</b>			Applied For Not Applicable	
Strite, April #,	eto.	Suite, Apt. #, etc.	Suite, Apt. 4, etc			5.	. Certificate of Status Desired			5 Additional	
22		27	I   I   I   I   I   I   I   I   I   I							Required	
Oly & State 3		Orty & State				6.	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Z(p)	Country	Ζφ [a]	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Tyes No.					
24	25    9. Name and Address of Curre	29  ent Registered Agent	30			Florida Statutes Yes No  10. Name and Address of New Registered Agent					
			B1	1	Name						
ESQUIV	ÆL, GEORGE E.		B		Otrock Adde	/E	P.O. Box Number is Not Acceptab	10)	<del></del>		
	W 23 AVENUE		64	1	Otteet Modite	ess (r	".O, box number is not Acceptat.	Ю)			
#500			83	3							
Pompa	NO BEACH FL 33069		84	4	City				B5 Z	Zip Code	
					Ony .			FL	.   "   1		
or registered funitian with SIGNATURE	the previsions of Sections 607,050 diagent, or both, in the State of Flo , and accept the obligations of, Sec	vida. Such change was authoriz clien 607.0505, Fiorida Statute:	zed by the cor <sub>l</sub> s.	ро	oration's board	rd of c	directors. I hereby accept the app	pintment as	registere	xi agent. I am	
12.	guar ne Typest ne parted na cui st registre et aqu OFERSEAL	ND DIRECTORS	TE Fighteed Ap	est it t	signature required	il when i	REDISTRIBUTIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	ORS IN 12	
Tid.f	P	DELFTE	1. 1 TIBLE	_	T		TODINOIS CHARGES TO CIT		Change		
NAM:	GEORGE ESQUIVEL	<b>L</b> and	1.2 NAME					•			
STEEL Allowers	7546 NW 25TH STREET		1.3 STREE		ACIORESS						
DOLY ST ZIE	MARGATE FL 33063		1.4 CITY	ST-	:- 21P						
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Celt Stazin			5.4 CiTy -	· SI	200						
Fe' UE		[_] DELETE	6 1 1111					[	Change	e 🔲 Addition	
NAM:			6.2 NAME								
SUBSTITUTE SS			63 STREE								
CCY S 782	cert fy that the information supplies	swith this fame is voluntarily for	nished and do		e na management de la companya de la	or the	eyemption stated in Section 110	07/37k) EV	rida Stat	tites I further	
certify that to eath, that I	the information indicated on this ru am an officer or director of the con	inual report or supplemental and poration or the Holver or truster on an attachment with an add	nual report is t ee empowered	rue d to	e and accuration execute this	ite and	d that my signature shall have the ort as required by Chapter 607, Fl	same legal orida Statut	effect as es; and t	if made under that my name	

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR