


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90004 037 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 514299**  
 1. Corporation Name  
**CROWN LAUNDRIES, INC.**



Principal Place of Business C/O JUAN F. LOPEZ 1690 WEST 40TH STREET HIALEAH FL 33012	Mailing Address C/O JUAN F. LOPEZ 1690 WEST 40TH STREET HIALEAH FL 33012
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1640 W 32 Place</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>1640 W. 32 Place</b> Suite, Apt. #, etc. 27
City & State 23 <b>Hialeah, FL</b>	City & State 28 <b>Hialeah, FL</b>
Zip 24 <b>33012</b>	Country 25 <b>4510</b>
Zip 29 <b>33012</b>	Country 30 <b>4510</b>

3. Date Incorporated or Qualified <b>10/22/1976</b>	
4. FEI Number <b>59-1718417</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**LOPEZ, JUAN F.**  
**2684 WEST 72 STREET**  
**HIALEAH FL 33016**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BENITEZ, CARLOS M.</b>	
STREET ADDRESS	<b>1329 W. 72ND STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOPEZ, JUAN F.</b>	
STREET ADDRESS	<b>2684 WEST 72 STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>S. LOPEZ, JUAN F.</b>
2.3 STREET ADDRESS	<b>17752 NW 87 Place</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL. 33018</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  **7/1/99** **(305) 825-4321**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

514299  
588603-90004-37

**Crown Laundries, Inc.**  
**1640 west 32 place**  
**Hialeah, Florida 33012**

July 1, 999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

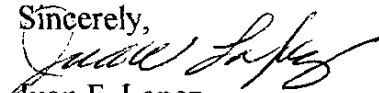
RE: Document # 514299  
I. D. # 59-1718417

To Whom it may concern:

We received a second notice that we had not filed our annual report. At this time I would like to say that we filed our report on time. Please find enclosed copies of prior years that we file all our report around January of every year. Check your records that we have been filing since 1976 and every year on time.

Please accept our check and put our account up to date. If you need any further information do not hesitate to call us.

Sincerely,



Juan F. Lopez  
Secretary