SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER UGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE REINSTATE: $375)

PROFIT
CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTME OF STATE
Sandra B. Mc m
Secretary of te
DIVISION OF COR ATIONS

FILED
95 AUG -7 AM 11: 11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000082443 (0)**

1. Corporation Name
AL'S QUALITY CLEANERS, INC.

Principal Place of Business
7210 RED RD
SUITE 206B
SOUTH MIAMI FL

Mailing Address
7210 RED RD
SUITE 206B
SOUTH MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report

4. FEI Number: 65-0549929 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. ☐ — $5.00 May Be Added to Fees

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

8. This corporation has liability for changing its address under s. 607.0505, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RUIZ, ALFONSO J
7210 RED RD
SUITE 206B
SOUTH MIAMI FL

10. Name and Address of New Registered Agent
81 Name
82 (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

12. OFFICERS AND DIRECTORS

TYPE	D
NAME	RUIZ, ALFONSO J
STREET ADDRESS	10115 SW 117TH CT
CITY, ST, ZIP	MIAMI FL 33186
TYPE	D
NAME	RUIZ, ALFREDO L
STREET ADDRESS	3 S PINE ISLAND #321
CITY, ST, ZIP	PLANTATION FL 33324

13. ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is substantially identical and does not qualify for the exemption stated in Sec. 607.0505(4), Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and validity 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 above, or on an attachment with an asterisk.

SIGNATURE: X — 8-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0047603 CP