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Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041361 (3)

1. Corporation Name
VIZCAYA QUALITY CLEANERS, INC.



Principal Place of Business: 8371 W SUNRISE BLVD PLANTATION FL 33322
Mailing Address: 8371 W SUNRISE BLVD PLANTATION FL 33322-5405

3. Date Incorporated or Qualified: 05/25/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: APPLIED FOR 65-0674946
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business: 871 N. Nob Hill RD., Plant. FL. 33324
2a. Mailing Address: 871 N. Nob Hill RD., Plant. FL. 33324
22. City & State: Plant. FL.
28. City & State: Plant. FL.
24. Zip: 33324
25. Country: U.S.
29. Zip: 33324
30. Country: U.S.

9. Name and Address of Current Registered Agent
SIEGEL, RONALD L ESQ.
1809 CORPORATE BLVD., N.W.
SUITE 302
BOCA RATON FL 33431

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	CHAMBERLAIN, THOMAS W	
STREET ADDRESS	1590 HARBOR SIDE DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	D	DELETE
NAME	CHAMBERLAIN, MARTHA L	
STREET ADDRESS	1590 HARBOR SIDE DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	D	DELETE
NAME	RODRIGUEZ, JUAN A	
STREET ADDRESS	491 RACQUET CLUB RD BLDG 100 #309	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	D	DELETE
NAME	GONZALEZ-RODRIGUEZ, NAYDA I	
STREET ADDRESS	491 RACQUET CLUB RD BLDG 130 #309	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS	33 Gables Blvd	
3.4 CITY-ST-ZIP	FORT LAUD. FL. 33326	
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS	33 Gables Blvd	
4.4 CITY-ST-ZIP	FORT LAUD, FL. 33326	
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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: *Thomas Chamberlain* 4/18/96 (954) 236-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)