

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 22 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 # **P95000049375 (5)**

1. Corporation Name:  
**AMERICAN ACTION CLEANERS CORP.**

Principal Place of Business

**218 DILLON CIR  
ORLANDO FL 32807**

Mailing Address

**P.O. BOX 720999  
ORLANDO FL 32872-0999**



3. Date Incorporated or Qualified

**09/23/1995**

3a. Date of Last Report

**07/03/1996**

4. FEI Number

**50-3331911**

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 ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

**GONZALEZ, EDWIN  
218 DILLON CIR  
ORLANDO FL 32807**

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:

Signature of new principal place of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                         |                                            |
|-----------------|-------------------------|--------------------------------------------|
| TITLE           | <b>P</b>                | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>GONZALEZ, EDWIN</b>  |                                            |
| STREET ADDRESS  | <b>1707 CVOCKEY ST</b>  |                                            |
| CITY - ST - ZIP | <b>ORLANDO FL 32806</b> |                                            |
| TITLE           | <b>VP</b>               | <input type="checkbox"/> DELETE            |
| NAME            | <b>GONZALEZ, AXEL</b>   |                                            |
| STREET ADDRESS  | <b>218 DILLON CIR</b>   |                                            |
| CITY - ST - ZIP | <b>ORLANDO FL 32807</b> |                                            |
| TITLE           | <b>T</b>                | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>GONZALEZ, ANABEL</b> |                                            |
| STREET ADDRESS  | <b>218 DILLON CIR</b>   |                                            |
| CITY - ST - ZIP | <b>ORLANDO FL 32807</b> |                                            |
| TITLE           | <b>S</b>                | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>GONZALEZ, RAQUEL</b> |                                            |
| STREET ADDRESS  | <b>218 DILLON CIR</b>   |                                            |
| CITY - ST - ZIP | <b>ORLANDO FL 32807</b> |                                            |
| 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           | <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>President</b>                                                                      |
| 2.3 STREET ADDRESS  |                                                                                       |
| 2.4 CITY - ST - ZIP |                                                                                       |
| 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 checked="" 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 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:

*Axel Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)