

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 22 AM 8:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P96000032945 (3)

1. Corporation Name
JENNIFER'S DRY CLEANING, INC.

Principal Place of Business Mailing Address
1565 N.W. 28TH STREET MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1996	3a. Date of Last Report
4. FEI Number 65-0659420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3801 NW 12 AV.	2a. Mailing Address 26 3801 NW 12 AV.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Miami Florida	City & State 28 Miami FL.
Zip 24 33127	Country
25	29 33127. 30

9. Name and Address of Current Registered Agent

HERRERA, DIEGO
1565 N.W. 28TH STREET
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name **HERRERA DIEGO**

82 Street Address (P.O. Box Number is Not Acceptable)
3801 NW 12 AV.

83

84 City **Miami** FL 85 Zip Code **33127**

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	PSD	<input type="checkbox"/> DELETE
NAME	HERRERA, DIEGO	
STREET ADDRESS	1565 N.W. 28TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HERRERA DIEGO	
13 STREET ADDRESS	3801 NW 12 AV.	
14 CITY-ST-ZIP	Miami FL 33127	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	700002251467--6	
24 CITY-ST-ZIP	-07/29/97--01115--014	
31 TITLE	****165.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

Handwritten: 7-25-97

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, changed, or on an attachment with an address.

SIGNATURE _____ DATE **7-17-97** (305) 638-9688

CR2E034 (4/97)