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

FILED PROFIT Mar 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)335693 CONTINENTAL CLEANERS INC Principal Place of Business Mailing Address 798 NORTHWEST 62 STREET MIAM! FL 33150 798 NORTHWEST 62 STREET MIAMI FL 33150 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1968 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1234593 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name JACKSON, GLOIRA 798 NW 62ND ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33150-1332 83 City Zip Cer 85 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 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 agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DI OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE JACKSON, GLORIA NAME 1.2 NAME 798 798 NW 62ND ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-SI-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ___ Addition NAME 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 41 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP DELFIE Change TITLE Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS

14. Thereby 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 suppliemental 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

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

DELFTE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

1740 870

☐ Change

Addition