FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 FEB 15 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 337161 (4)

1. Corporation Name
SUN LAUNDRIES, INC.

Principal Place of Business
95 MERRICK WAY 6TH FLOOR
CORAL GABLES FL 33134

Mailing Address
ATTN: KRITZMAN, R.M.
95 MERRICK WAY, 6TH FLOOR
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified: 07/30/1979
3a. Date of Last Report: 06/17/1994
4. FEI Number: 59-1222058 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ✓ Yes ☐ No

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)

9. Name and Address of Current Registered Agent
GONZALEZ-PITA,J. ALBERTO
200 S BISCAYNE BLVD 50TH FLOOR
MIAMI FL 33131

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 617.0502, 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	
TITLE	PD
NAME	ARON, ADAM M.
STREET ADDRESS	95 MERRICK WAY
CITY ST ZIP	CORAL GABLES FL
TITLE	DVS
NAME	LAMARR, COOLER
STREET ADDRESS	95 MERRICK WAY
CITY ST ZIP	CORAL GABLES FL
TITLE	DVT
NAME	WALTERS, ROBERT G.
STREET ADDRESS	95 MERRICK WAY
CITY ST ZIP	CORAL GABLES FL
TITLE	VS
NAME	KRITZMAN, ROBERT M.
STREET ADDRESS	95 MARRICK WAY
CITY ST ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

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****200.00 ****200.00

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: [signature] Robert M. Kritzman 2/6/95 (305) 460-3867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140000 CP