FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **393036** **(9)**

1. Corporation Name

A-1 HOUR CLEANERS & LAUNDRY, INC.

Principal Place of Business

75 N E 8TH ST
HOMESTEAD FL 33030

Mailing Address

75 N E 8TH ST
HOMESTEAD FL 33030

3. Date Incorporated or Qualified: **12/22/1971**

3a. Date of Last Report: **02/01/1995**

4. FEI Number: **59-1373973** ☐ 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) (22) (23) (24) (25)

2a. Mailing Address (26) (27) (28) (29) (30)

9. Name and Address of Current Registered Agent

CASTANEDA, LUIS S.
901 NW 18 AVE.
HOMESTEAD FL

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 Section 607.0502 and 607.1005, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	CASTANEDA, LUIS S.		1 NAME	
STREET ADDRESS	75 NE 8 ST		1 STREET ADDRESS	
CITY ST ZIP	HOMESTEAD FL		1 CITY ST ZIP	
TITLE	STD	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	CASTANEDA, EDILIA I.		2 NAME	
STREET ADDRESS	75 NE 8 ST		2 STREET ADDRESS	
CITY ST ZIP	HOMESTEAD FL		2 CITY ST ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY ST ZIP			3 CITY ST ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY ST ZIP			4 CITY ST ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY ST ZIP			5 CITY ST ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY ST ZIP			6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is true, correct and complete. I further certify that the information indicated on this report or supplemental 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 added to the report.

SIGNATURE: Luis S. Castaneda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE _____ Daytime Phone # _____

CR2E034 (12/95)