## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(7)

CROWN LAUNDRIES, INC.

Principal Place of Business Mailing Address					((B   Bit   B   Bit   Bi	
C/O JUAN F. LOPEZ 1690 WEST 40TH STREET HIALEAH FL 33012		C/O JUAN F. LOPEZ 1690 WEST 40TH STREET HIALEAH FL 33012				
				3. Date incorporated or Qualified 10/22/1976	3a. Date of Last Report 01/30/1995	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 59-1718417	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country		This corporation has liability for		
24	25	29	30	,	Florida Statutes	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registered Agent
				81 Name		
LOPEZ, JUAN F.				82 Street Ad	Address (P.O. Box Number is Not Acceptable)	
	EST 72 STREET H FL 33016			83		
HIALEA	11 FL 33010			84 City		<b>85</b> Zip Code
			i		poration submits this statement for the pu	FL     '
familiar with SIGNATURE	to agent, or both, in the state of Floring, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.			oard of directors. I hereby accept the app	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TiTLE	Р	☐ DELETE	1, <b>1</b> TI			Change Addition
NAME	BENITEZ, CARLOS M.		1.2 NA	ME REET ADDRESS		
STREET ADDRESS	1329 W. 72ND STREET HIALEAH FL			TY-ST-ZIP		
CITY - ST - ZIP TITLE	S	DELETE	2 1 TI			Change Addition
NAME	LOPEZ, JUAN F.		2 2 NA	ME		
STREET ADDRESS	2684 WEST 72 STREET		2.3 ST	REET ADORESS	2000047	aenve
CITY-ST-ZIP	HIALEAH FL	E DOLLTE		TY-ST-ZIP	2000017 <sup>-03/05/9601</sup>	021 - Olighange Addition
TITLE		DELETE	3.2 M	FLE -	***200 <b>.</b> 00	E custige E vacuum
NAME CIRCLE ADDRESS				TREET ADORESS		
STREET ADDRESS  CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	4 1 T			Change Addition
NAME			4 2 N	AME		
STREET ADDRESS			4.3 S1	REET ACCRESS		
CITY-ST-ZIF		ET DELETE		TY-ST-ZIP		Change Addition
TITLE		☐ DELÉTE	5 1 T			Change Addition
NAME			52 N	1		
STREET ADDRESS				FREET ADDRESS		
CITY-ST-7IP TITLE		☐ DELETE	5 4 U	TY-ST-ZIP ITLE		Change Addition
NAME		<u></u>	62 N			•
STREET ADORESS				TREET ADDRESS		
CITY . ST . 7(D			6.4 C	ITY-ST-ZIP		
14. I do hereb certify that	At a late-metion indicated on this one	nual report or supplemental annu oration or the receiver or trustee	ual report i e embowe	ie trug and aci	Ify for the exemption stated in Section 11 curate and that my signature shall have the this report as required by Chapter 607,	e same legal ellegi as il mage ungel

SIGNATURE:

SEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR