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

Mar 13 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (0)517767 ESQUIRE CLEANERS, INC. Principal Place of Business Mailing Address 885 NW 27TH AVE 885 NW 27TH AVE MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/02/1976 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1708421 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 24 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MARTINEZ, ANTONIO ANTONIO MANTINEZ 5201 NW 7TH 82 **APT 517 W** 83 **MIAMI FL 33126** 11. Pursuant to the provisions of Sections 607.0592 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent am familiar with, and accept the collections of, Section 607.0505, Florida Statutes. City MI AMI SIGNATURE: (NOTE Registered Agent signature required when reinstating) FIGERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE 1.1 TITLE ___ Addition MARTINEZ, ANTONIO NAME 1.2 NAME 5201 N W 7TH ST APT 517 W STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-7IP Addition TITLE DELETE 21 TITLE MARTINEZ, JR., ANTONIO NAME 22 NAME MIAMI BEACH, R. 33154 13211 S.W. 38 TERRACE STREET ADDRESS 23 STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST - ZIP CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE Change TITLE 61 DITE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 in address.

FILED