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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 563535

1. Corporation Name SIBON CLEANERS & TAILORING CO.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90115 025 ***150.00



									/
Principal Place of Business Mailing Address						(199(8) 8/100		=11 01011 31 =11 0	
8283 S.W. 124TH STREET 8283 S.W. 124TH STREET						4.7			* *,
MIAMI FL 33156-5957 MIAMI FL 33156-5957			6-5957			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/29/1978	'		
2. Principal F	Place of Business	2a. Mailing Ad	dress			4. FEI Number		Ap	plied For
21		26				59-1809409		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.					\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee Re	quired
City & Stat	te	City & Star	te			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Country		8. This corporation owes the cur	rent year inta	angible	_
24	25	29	30			Personal Property Tax.		Yes	□No
'	9. Name and Address of Curren	t Registered Agen	t			10. Name and Address of New	Registered A	\gent	
				81	Name				
SUAREZ, MARIO				82	Street Ad	dress (P.O. Box Number is Not Accept	able).	Œ.	
8283 S.W. 124TH STREET							· · · · · · · · · · · · · · · · · · ·	1,5,	
MIA	MI FL			83					
				84	City			85 Zip (Code
				04	City		FL		,
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Flo	orida Statutes, tl	he above	-named co	rporation submits this statement for the	purpose of	changing its	registered
office or i	registered agent, or both, in the State of am-familiar with, and accept the obligat	of Florida, Such cha tions of, Section 60	ange was autno 7.0505, Florida	nzea by Statutes	tne corpora	ntion's board of directors. I hereby acce	pt the appoi	illion as re	gistered
SIGNATURE	him in sugar		HARIO			δR	1/1	3/47	ţ
SIGNATURE	Signature, typed or printed name of registered agen		(NOTE Regi	stered Agen	t signature requ	ired when reinstating)	DATE		
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DP .		DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	SUAREZ, MARIO			1.2 NAME			,		
STREET ADDRESS	8283 S W 124TH ST			1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000			1.4 CITY-S	r-ZIP				
TITLE	DT		DEFELE	2.1 TITLE		CLARA SUAREZ		Change	Addition
NAME	CLARA SUAREZ		Ī	2.2 NAME		8283 SW. 1245T			
STREET ADDRESS	82835W 1248t	` .	- 1	2.3 STREET	ADDRESS	MIAMI, 6033154	•		
CITY-ST-ZIP	8283 SW 1248 t Midmi, FL 3315	6		2. 4 CITY-S	T-ZIP	MIAMI, 163313 A	-		
TITLE			DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME									
STREET ADDRESS				3.2 NAME				-	1
CITY-ST-ZIP				3.2 NAME 3.3 STREET				<u>_</u>	;
TITLE			I		ADDRESS		· · · · · · · · · · · · · · · · · · ·		
				3.3 STREET	ADDRESS	,		☐ Change	Addition
NAME				3.3 STREET 3.4. CITY-S	ADDRESS	, , ,		Change	☐ Addition
NAME STREET ADDRESS			DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE	T-ZIP			Change	☐ Addition i
			DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP T ADDRESS				☐ Addition
STREET ADORESS			DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	T ADDRESS T-ZIP T ADDRESS			☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP			DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	T ADDRESS T-ZIP T ADDRESS				
STREET ADORESS CITY-ST-ZIP TITLE			DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP				
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STREET ADORESS CITY-ST-ZIP TITLE NAME			DELETE	3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP		1		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP		,	☐ Change	Addition

14. I hereby 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 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, ocon an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP