

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 630443 (0)

1. Corporation Name
SURFSIDE CLEANERS, INC.



Principal Place of Business 9536 HARDING AVENUE SURFSIDE FL 33154	Mailing Address 9536 HARDING AVENUE SURFSIDE FL 33154
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1979		4. FEI Number 59-1916683		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 City & State	28 City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country U.S.A.	29 Zip	30 Country U.S.A.	

9. Name and Address of Current Registered Agent

**CABRERA, HUGO
 9536 HARDING AVENUE
 SURFSIDE FL 33154**

10. Name and Address of New Registered Agent

81 Name **GUADALUPE CABRERA**
 82 Street Address (P.O. Box Number is Not Acceptable)
69536 Harding Avenue
 84 City **SURFSIDE** FL 85 Zip Code **33154**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 *Guadalupe Cabrera* DATE **2/6/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PT	<input checked="" type="checkbox"/>
NAME	CABRERA, HUGO	
STREET ADDRESS	9536 HARDING AVE.	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	VP	<input type="checkbox"/>
NAME	CABRERA, GUADALUPE	
STREET ADDRESS	2150 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/>
NAME	CABRERA, SILVIA	
STREET ADDRESS	9536 HARDING AVE.	
CITY-ST-ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	PRESIDENT AND TREASURER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	GUADALUPE CABRERA		
2.3 STREET ADDRESS	2150 NE MIAMI GARDENS DRIVE		
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FLA.		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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, or on an attachment with an address.

SIGNATURE: *Guadalupe Cabrera, President* DATE: **2/6/98** PHONE: **(305) 866-1966**

CR2E034 (10/97)