05-04-1999 90171 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	630443
1 Corneration Name		

1. Corpora	UMENT # 63044 SIDE CLEANERS, INC.	3						
Principal P	lace of Business	Mailing Address			I 100/11 01/10 11/11 00/11 01/01 01/01 01/11 01/01	d 88841 9 191	/	
1	ING AVENUE	9536 HARDING AVENUE SURFSIDE FL 33154			DO NOT WRITE IN TH	IS SPAC	E	
į					3. Date Incorporated or Qualifed 06/29/1979			
2. Principa	al Place of Business	2a. Mailing Address			4. FEI Number	T		ed For
21		26			59-1916683			Applicable
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		. 75 Add ee Regu	
City & S	State	City & State	<u>.</u>	 -	6. Election Campaign Financing Trust Fund Contribution	•	5.00 м dded to l	-
Zip Zip	Country	29 3	Country	, -	This corporation owes the current year I Personal Property Tax.	ntangible Ye]No
	9. Name and Address of Curr	ent Registered Agent	`		10. Name and Address of New Registere	Agent		
	NIADALLIDE CARDEDA		81	Name		•		
9	GUADALUPE, CABRERA 1536 HARDING AVE		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
S	SURFSIDE FL 33154		83					
			84	City	F	L 85	Zip Co	de
office (ant to the provisions of Sections 607.0 or registered agent, or both, in the Sta I am familiar with, and accept the obli	te of Florida. Such change was auth	norized by	the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changi ointment	ing its re as regis	gistered stered
SIGNATUR	RE Signature, typed or printed name of registered a	Cont and title of conficable (AICTE: De	anistared Ana	nt signatura regu	uired when reinstating) DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTOR	\$ IN 12
TITLE	PT	DELETE	1,1 TITLE			□ Ch	nange	Additio
} .	OUADALUDE CARDEDA	_ : _				-		

	Signature, typed or printed name of registered agent and title if	applicable. (NOTE:	Registered Agent signature require		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	R\$ IN 12
TILE	PT	☐ DELETE	1,1 TITLE		Change	Addition
IAME	GUADALUPE, CABRERA		1.2 NAME			
STREET ADDRESS	2150 NE MIAMI GARDENS DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	NO MIAMI BEACH FL		1,4 CITY-ST-ZIP			
ITILE	S	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	CABRERA, SILVIA		2.2 NAME			
STREET ADDRESS	9536 HARDING AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	SURFSIDE FL		2.4 CITY-ST-ZIP			
mre .		☐ DELETE	3.1 TITLE	•	─ ☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition Addition
NAME	· ·		4, 2 NAME		,	
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>	
rmu£	1	☐ DELETE	5.1 TITLE	•	Change	☐ Addition
NAME	•		5.2 NAME	· ·		
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		·	
MLE		☐ DELETE	6.1 TITLE		Change	Addition Addition
NAME	. *	. •	6.2 NAME			
STREET ADDRESS	·		6.3 STREET ADDRESS			
CITY-ST-ZIP	10		6.4 CITY-ST-ZIP		·	

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, with all other like empowered.

SIGNATURE