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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 23 1997 8:00am Secretary of State

1. Corporation I	CUMENT # 631143 MR. TONY DRY CLEANER & LAUNDRY, INC. Place of Business Mailing Address									
MR.	TONY	DRY	CLEANER	&	LAUNDRY, INC.					
Principal Place of	of Business			Mail	ing Address					
4315 N Miami,			eet #10 6	4 M	315 NW 7th Street #10 iami, Fl 33126-3560					

	•					Date Incorporated or Quali	fied 3a. Date	of Last Repo	ort		
•						07/27/1979	5/01	/1997			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number					
21		26				59-1988378 Not Ap			pplicable		
Suite, Apt.	#, ejc.	Suite, Apt	#, etc.			5. Certificate of Status Desire	d 🗆	\$8.75 Add	ditional		
22	•	27				5. Certificate of Status Desire	ů <u> </u>	Fee Requi	ired		
City & State	e	City & State				6. Flection Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution		Added to F	-ees		
Zιp	Country	Zıp		Countr	У	8. This corporation has liabilit			99.032,		
24	25	29 30				Florida Statutes Yes No					
	9. Name and Address of Curren	t Registered Ager		10. Name and Address of Ne	w Registered Ag	jent					
Į				8.	Name	Anthony Rodrigue	7 Prac				
Pod	riguez, Antonio	G		8:	Street /	Address (P.O. Box Number is Not Acceptable)					
/ // //	5 NW 7th Street,	Store #	10		Street Address (P.O. Box Number is Not Acceptable) 4315 NW 7th ST. #10						
431 Min	mi, Fl. 33126	30016 #	10	8:	3						
, mia	III. FI. 33120			84	1 City			or Tip Co.	40		
				ļ	1 1	Míami		3312	16		
11. Pursuant	to the provisions of Sections 607.050	2 and 60 .1508, Fig	orida Statutes	s, the abo	ve-named	corporation submits this statement for seration's board of directors. I hereby	the purpose of cl	hanging its re	egistered		
office or re	egisteror agent pr both, in the State	ollstorida. Such ch Johns of Sequion 60	iange was au 07.0505. Elek	ithorized i	Took	beration's board of directors. I hereby	accept the appoir	itment as reg	jistered		
		Locky		-	EJA	Sali.	7/18/9	J=4			
SIGNATURE •	Signature Typed or printed name of any ered age	1 and little if applicabil	·····Y HOTE	Registered A	gent signature	required when reinstalling)	DATE				
12.	OFFICERS AND			13.		ADD/TIONS/CHANGES TO			N 12		
TITLE	PD		DETETE	111111		PD	_	- , -	Addition		
NAME	Rodriguez, Anto 4315 NW 7th St.	nio G	^	1.2 NAME		Anthony Rodrique	2 Z				
STREET ADDRESS	4315 NW /TR St.	Store 1	U	1 3 S REI	T ADDRESS	Anthony Rodrigue 4315 NW 7th St.	Store #	10			
CITY-ST-ZIP	Miami, Fl 33126			14 CITY	\$1 - 7IP	Miami, Fl. 33126	,				
TITLE	TD		DELETE	2 1 11111				Change	Addition		
NAME	Rodriguez, Alex	is		2.2 NAME							
STREET ADDRESS	4315 NW 7th St.		1 0	2.3 STREE	T ADDRESS						
CITY-ST-ZIP	Miami, F1 33126	ocor c n		2 4 C/TY	-ST-2IP						
TITLE	-111 a 111 1 3 3 1 2 0		DELETE	3 1 7 TLE	-	SD		Change	Addition		
NAME				3.2 NAME	Ì	Rodriguez, Vivia	ın	-	,		
STREET ADDRESS				3 3 5 1 4 [4	TADDRESS	4315 NW 7th St.	Store #	10			
CITY-ST-2IP				34 CHY	· SI - 71P	Miami, Fl 33126	00010 #	, 0			
TITLE			DELETE	41 1111		<u> </u>		Change	Addition		
NAME				4 2 NAM	.						
STREET ADDRESS				1	1 ADDRESS						
CITY-ST-ZIP				44 CITY							
TITLE			DELETE	5 1 TITLE	O. ZH			Change	Addition		
NAME			-	5 2 NAME			4				
STREET ADDRESS					T ADDRESS			(C) _'	N 470 I		
l l				54 ÇITY -				()	11 , ,		
CITY-ST-ZIP TITLE		_	DELETE	6 1 117 LE	31 · / IF			Change	Addition		
		L	G. 11 '1	62 NAM5		600002	246D	56 '	moonton		
NAME					LADDRESS	600002 -07/24/97	-010030	08			
STREET ADDRESS						***61.25	- -				
C(TY - ST - ZIP				64 C/TY -	\$1 - 7IP	***************************************					

14. I do 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 eath; 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 3 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE AND TY ED OF PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

7/18/97 (305) 445-3808