## 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

DOCUMENT # 653185

(9)

LE GRAN PARIS DRY CLEANERS, INC.

Principal	Place	of	Business

Mailing Address

## FILED May 13 1997 8:00am Secretary of State



6705 BIRD ROAD MIAMI FL 33155		6705 BIRD ROAD MIAMI FL 33155-3705								
;					3. Date Incorporated or Qualified 01/24/1980	3a. Date 6		porl		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For		
21		26	T/ 18/18/1		59-2035437			l Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Gertificate of Status Desired		\$8.75 Additional Fee Required			
City & State	ə	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
<b>Z</b> ip <b>24</b>	Country 25	<b>Z</b> (p)	Count <b>30</b>	Country  8. This corporation has liability for intangible tax under s. 19t  7. Florida Statutes  7. Yes  7. No						
	9. Name and Address of Curre	nt Registered Agent			. 10. Name and Address of New Re	gistered Age	ent			
	ITAN, ANGEL R.		6	1 Name						
10430 N.W. 130 ST. HIALEAH GARDENS FL 33016			6	2 Street A	Address (P.O. Box Number is Not Acceptable)					
			E	3						
•			8	4 City		FL	85 Zip C	ode		
11. Pursuant to office or reagent. I as SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the Stato m familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was lations of, Section 607.0505, Fl	tes, the abo authorized orida Statut	ive-named c by the corpo es.	corporation submits this statement for the pration's board of directors. I hereby acce	purpose of ch pt the appoint	anging its tment as r	rogistered registered		
<del></del>	Signature, typed or printed name of registered ag			Agent signature n	equited when reinstating)	DATE				
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI					
TITLE	DP MADVDELLIES	☐ DELETE	1.1 7111			<b>X</b> J	] Change	Addition		
NAME \	HERNANDEZ. MARYDELLIES 8005 WEST 6TH AVE. APT E		1.2 NAM		011 111 600 25 10 540	mer L				
STREET ADDRESS	HIALEAH FL			ET ADDRESS	811 WEST 35th Ste Hialcah, Pl 330	10				
CITY-ST-ZIP TITLE	DST	DELEVE	2.1 TITU	- \$1 - ZIP	malean, pc 200	<i>'</i>	Change	Addition		
NAME	COLON, ESTHER	() OLLIN	2.2 NAM	ì			Onlinge			
STREET ADDRESS	10430 N.W. 130TH ST			ET ADDRESS						
CITY-ST-ZIP	HIALEAH GARDENS FL			(-ST-ZIP						
TITLE	~	☐ DELETE	3.1 TITL				Change	Addition		
*NAME			3.2 NAM	E						
STREET ADDRESS			3 3 STR	ET ADDRESS						
CITY-ST-ZIP			3.4, OIT	7-S1-ZIP						
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CITY-ST-ZIP				-SI-7IP		<del></del>	1 6.			
TITLE		☐ DELETE	5.1 TITL	ì			] Change	Addition		
NAME			5.2 NAN							
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TITLE		DELETE	6.1 TITL			Ĺ	] Change	] Addition		
NAME			6.2 NAN							
STREET ADDRESS				E1 ADDRESS						
CITY-ST-ZIP			G.4 CITY	-S1-ZIP						

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 on the stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on application with an address.

INIATURE (DV) AMAXADISIN SIGOSISI I DU