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

FILED May 13, 1999 8:00 am

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			Secretary of State 05-13-1999 90047 040 ***150.00	
	MENT # 653185					
Le Gra	nd Paris Dry Cle	eaners, Inc.				
Principal Place	e of Business	Mailing Address			7	
6705 B	ird Road	6705 Bird B	Road		·	
					DO NOT WRITE IN	THIS SPACE
Miami,	FL 33155	Miami, FL 33155			3. Date incorporated or Qualified 01/24/80	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.			59-2035437	Not Applicable \$8.75 Additional
22	, #, CQ.	27 27			5. Certificate of Status Desired	Fee Required
l City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Cou	into:	Trust Fund Contribution 8. This corporation owes the curren	Added to Fees
24	25]	29	30	mu y	Property Tax.	Yes X No
	9. Name and Address of Curren				10. Name and Address of New Reg	istered Agent
!				81 Name		
				82 Street Add	iress (P.O. Box Number is Not Acceptable	e)
Fonton	Ancol B			83		
	, Angel R. N.W. 130th St.			103		
	h Gardens, FL 33	1016		84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607,1508, Florida Sta	tutes, th	e above-named	corporation submits this statement for the	ne purpose of changing its
registered as registe	I office or registered agent, or both, in tred agent, I am familiar with, and acc	n the State of Florida, Such cept the obligations of, Secti	change v	vas authorized 505, Florida St	by the corporation's board of directors. It atutes.	nereby accept the appointment
SIGNATURE				,	1.5	
	Signature, typed or printed name of registe OFFICERS AND I			OTE: Registered	Agent signature required when reinstating)	DATE
12. ππε	D/P	DELETI	13.	m =	ADDITIONS/CHANGES TO OFFICERS	DATE SAND DIRECTORS IN 12 Charge Addition
NAME	Hernandez, Mary		12 1			Tage Typical 2
STREET ADDRESS	811 West 35th St			TREET ADDRESS		[[RZE034
CTTY-ST-ZIP	Hialeah, FL 330		1.4 (XTY-ST-ZIP		
TITLE	D/S/T	☐ 05LETI	21 T	ΠLE		☐ Change ∑ Addition ○
NAME	Colon, Esther	C.F.	22 N	1		
STREET ADDRESS CITY - ST - ZIP	10430 N.W. 130th Hialeah Gardens			TREET ADDRESS		
TITLE		DELETT				Charge Addition
NAME			32 N			
STREET ADDRESS			3.3 S	TREET ADDRESS		
CTY-ST-ZIP			-1	TY-ST-ZP		
TITLE) DELET				ChangeAddition ~_
NAME STREET ADDRESS	·		42 N	TREET ADDRESS		
OTY-ST-ZIP				ITY-ST-ZIP		
IIILE		OBLETT	5.1 T	m.E		Change Addition
NAME	67	_	5.2 N	M/E		
STREET ADDRESS			1	TREET ADDRESS		
CTY-ST-ZIP				nr.sr-zip		Change Addition
TITLE NAME			61 T			ChangeAddition
STREET ADDRESS				TREET ADDRESS		
CTY-ST-ZIP			6.4 0	TY-ST-ZIP		
14. Thereby o	ertify that the information supplied wi	th this filing does not qualify	for the e	vemption state	d 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: Jacques Jan Esther Colon	4/28/9	9 <u>(305)</u> 665-24	31
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	