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May 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745174 (3)

1. Corporation Name

GOLDCOAST DRYCLEANERS & LAUNDRY ASSOCIATION, INC

Principal Place of Business

Mailing Address

436 NE 125TH ST
N MIAMI FL 33161436 NE 125TH ST
N MIAMI FL 33161-47173. Date Incorporated or Qualified
12/11/19783a. Date of Last Report
08/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLETCHER, PAUL G. ESQ.
SECOND NATIONAL BANK PROFESSIONAL BLDG.
850 HOMESTEAD BLVD., SUITE 201
HOMESTEAD FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETETD
NAME
HIRSCH, IRA
STREET ADDRESS
436 N.E. 125TH ST.
CITY-ST-ZIP
N. MIAMI FLTITLE ☐ DELETESD
NAME
SANCHEZ, JUSTO
STREET ADDRESS
3912 SW 8TH ST.
CITY-ST-ZIP
CORAL GABLES FLTITLE ☐ DELETEVPD
NAME
ZIEDEL, BARRY
STREET ADDRESS
7927 NW 53RD ST.
CITY-ST-ZIP
MIAMI FLTITLE ☐ DELETEPD
NAME
BERMAN, HAROLD
STREET ADDRESS
6545 SW 49TH TERR
CITY-ST-ZIP
MIAMI, FL 00000TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition☐ Change ☐ Addition

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

IRA HIRSCH 4/10/97 305 893 6101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031763

CR2E037 (9/96)