FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

5-1-96 B-60014 — C

DOCUMENT # **F94000003919 (7)**

1. Corporation Name

DRYCLEAN U.S.A., INC.

Principal Place of Business	Mailing Address
1875 W. COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309-3067	1875 W. COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309-3067

3. Date Incorporated or Qualified: **07/27/1994**

3a. Date of Last Report: **05/17/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **93-1138698** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RODRIQUEZ, EDDIE J
1875 W COMMERCIAL BLVD.
STE 140
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable _____ (If the Registered Agent is an individual, he must sign.) _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	RODRIQUEZ, EDDIE J		12 NAME		
STREET ADDRESS	1875 W. COMMERCIAL BLVD, SUITE 140		13 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	GREER, TERENCE M		22 NAME		
STREET ADDRESS	8044 MONTGOMERY RD, SUITE 170		23 STREET ADDRESS	51 West 135th St.	
CITY-ST-ZIP	CINCINNATI OH 45236		24 CITY-ST-ZIP	Kansas City, MO	
TITLE	CD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	BARRY, JAMES P		32 NAME		
STREET ADDRESS	8044 MONTGOMERY RD, SUITE 170		33 STREET ADDRESS	51 West 135th St.	
CITY-ST-ZIP	CINCINNATI OH		34 CITY-ST-ZIP	Kansas City, MO	
TITLE	VD	☒ DELETE	41 TITLE	V	☐ Change ☒ Addition
NAME	DENBERG, ROBERT C		42 NAME	Angelo Izquierdo	
STREET ADDRESS	1875 W. COMMERCIAL BLVD, SUITE 140		43 STREET ADDRESS	1875 W. Commercial Blvd, #140	
CITY-ST-ZIP	FT LAUDERDALE FL 33309-3067		44 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	ST	☒ DELETE	51 TITLE	ST	☐ Change ☒ Addition
NAME	NOCITO, MARK J		52 NAME	Noah Silver	
STREET ADDRESS	8044 MONTGOMERY RD, SUITE 170		53 STREET ADDRESS	1875 W. Commercial Blvd, #140	
CITY-ST-ZIP	CINCINNATI OH 45236		54 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ NOAH SILVER Secretary 4/29/96 954 493-6760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #