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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G22537

(8)

| FLORIDA LAUNDRIES CORP. Principal Place of Business #248 EAST 11TH AVENUE - P.O. BOX 3400 C/O SEVERO L. MARQUEZ HALEAH FL 33013 Mailing Address 4248 EAST 11TH AVENUE - P.O. BOX 3400 C/O SEVERO L. MARQUEZ HALEAH FL 33013 | | | | | | | |
|---|---|----------------------|-----------|--|--|----------------------------------|------------------------------|
| | | | | | Date Incorporated or Qualified 01/25/1983 | 3a. Date of Last 6 05/01/1996 | Report |
| 2. Principal | Place of Business | 28. Mailing Address | | | 4. FEt Number 59-2290830 | | pplied For lot Applicable |
| Suite, Ap | it.#, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional Required |
| City & State 3 | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| $Z_{\mathcal{D}}$ | Country | Zip | Countr | / | 8. This corporation has liability for | intangible tax under | |
| 24 | 25 | 29 | 30 | | | Yes 🔀 No | |
| | 9, Name and Address of Curr | ent Registered Agent | 81 | Name | 10. Name and Address of New Re | gistered Agent | |
| | ARQUEZ, SEVERO | A4AA | [*' | Hame | | | |
| 4248 E. 11TH AVENUE, P.O. BOX 3400 HIALEAH FL 33013 | | | | | ress (P.O. Box Number is Not Acceptat | ile) | |
| | | | 63 | | • | | |
| | | | 84 | City | | FL 85 Zip | Code |
| agent I SIGNATURE | Stip alone typod or per troinance of registered i | | | | poration submits this statement for the partion's board of directors. I hereby acception with the partial way and the partial way are when reinstating. ADDITIONS/CHANGES TO OFFICE | DATE | |
| Title | PTD | DELETE | 1.1 TITLE | | | Change | Addition |
| NAME | MARQUEZ, SEVERO L | 1.21 | | | | | |
| STEEL LADORES | S 291 W 49TH STREET | | 1.3 STREE | 1 ADDRESS | | | |
| City-Si-7P | HIALEAH, FL 00000 | | 1.4 CiTY- | ST-ZIP | | | |
| 1/1/1 | SVD DELE | | 2.1 TITLE | | | Change | Addition |
| NAME | MARQUEZ, BARBARA R. | | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STREE | T ADDRESS | | | |
| CITY - ST - ZIP | HIALEAH FL | - Dolor | 2. 4 CITY | ST-ZIP | | <u> </u> | A defice. |
| III.,f | | DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | | 32 NAME | | | | |
| STREET ADDRES | W . | | 3.4. CITY | T ADDRESS | | | |
| DRY-ST-ZP THIE | | DELETE | 4.1 TITLE | 51-217 | | ☐ Change | Addition |
| NAME | | Booked to Committee | 4. 2 NAM | : | | | |
| STREET ADDRES | e | | | T ADDRESS | | | |
| CHY-ST ZIP | | | 4.4 City | Į | | | |
| BillE | | DELETE | 5.1 TITLE | | | Change | ☐ Addition |
| NAMÉ | | | 5.2 NAME | | | | |
| SIREET ADDRES | s | | 5.3 STREE | T ADDRESS | | | |
| 67 34 | 1 | | | | | | |

14. If do hereby cartify 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

61 TITLE

62 NAME

HILE NAME

STREET ADDRESS

CITY-ST-ZIP

DFLETE

FILED

May 09 1997 8:00am

Secretary of State

Change

Addition