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

PROFIT CORPORATION ANNUAL REPORT

1998

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I LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G22537

(6)

FLORIDA LAUNDRIES CORP.

FILED Apr 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				{ #80ffff 6010 110ff 110ff 1110 1111 1001 4101 4101	1 101 110 116 110 110
4248 EAST 11TH AVENUE . P.O. BOX 3400 C/O SEVERO L. MAROUEZ HIALEAH FL 33013		4248 EAST 11TH AVENUE , P.O. BOX 3400 C/O SEVERO L. MARQUEZ HIALEAH FL 33013		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 01/25/1983	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.		59-2290830	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the cur	
24	25 2. Name and Address of Currer	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registered.	Yes No
		ir veðisteten Måetir	81 Name	10. Name and Address of New Registered	Agent
MANUGEL, SEVENU					
4248 E. 11TH AVENUE, P.O. BOX 3400 HIALEAH FL 33013			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ALEAN TE COOTO		83		
			84 City		Tat Tip Code
			1 1	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 requitered ago		If: flugistered Agent signature requ		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PTO Marquez, Severo L	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME Street address	291 W 49TH STREET		1 2 NAME 1 3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 00000		14 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	21 THLE		Change Addition
NAME	MARQUEZ, BARBARA R.	_	22 NAME		
STREET ADDRESS	291 W. 49TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Locurr	3.4. CITY-ST-ZIP		Observe Tables
TITLE		DELETE	4.1 TITLE		Change Addition
NAME OVERT ADDRESS			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		the second	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	G.1 TITLE		Change Addition
NAME			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u>.</u>		6.4 CITY - ST - ZIP		

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

Marcus: Solven 1. Marsus 2 - 04-71-92 (2007685-6292