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

Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H00424 (2) TAMIAMI LAUNDRY, INC. Principal Place of Business Mailing Address 4455 SW 8TH ST. 4455 SW 8TH ST. MIAMI FL 33134-2562 MIAMI FL 33134-2562 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2410569 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 乜 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name LAZO, JOSE LUIS 4455 SW 8TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33134** 83 84 City 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. Fam 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition LAZO, JOSE L. NAME 12 NAME 4455 SW 8TH ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 City-ST-ZiP DELETE Change Addition TITLE 2.1 THILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

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 artichment with an address.

CITY-ST-7IP

SIGNATURE: 144

FILED