

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H68425 (8)

1. Corporation Name

ABELLA LAUNDRY, INC.



Principal Place of Business

C/O SANTIAGO ABELLA
3910 CLEARFIELD AVE
TAMPA FL 33603

Mailing Address

C/O SANTIAGO ABELLA
3910 CLEARFIELD AVE
TAMPA FL 33603

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

ABELLA, SANTIAGO
3910 CLEARFIELD AVE
TAMPA FL 33603

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 607.0112 and 607.0113, Florida Statutes, the above named corporation submits the 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 obligation of, such agent under the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ABELLA, SANTIAGO
3910 CLEARFIELD AVE
TAMPA FL
SD
ABELLA, OFELIA L.
3910 CLEARFIELD AVE
TAMPA FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-ST-ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP
33. TITLE
34. NAME
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89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY-ST-ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-ST-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-ST-ZIP

[] Change [] Addition

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14. I do hereby certify that the information supplied on this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 officer 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 completed as an officer or director.

SIGNATURE:

Ofelia L. Abella, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

CR2E034 (12/95)