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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H79837

(1)

INTERN/		CAR WASH, IN	IC.	•							
Principal Place 3050 BISCAYNI SUITE 603 MIAMI FL 3313	E BLVD.		3050 BISCAYN SUITE 603	Mailing Address 3050 BISCAYNE BLVD. SUITE 603 MIAMI FL 33137-4143						-,-, ,	
							3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1996			eport	
2. Principal P	lace of Busine	ess	<u> </u>	2a. Mailing Address 26 Surte, Apt. #, etc. 27			4. FEI Number 59-2653595		Ap	plied For ot Applicable	
Suite, Apt	#, etc.		Surte, Apt.				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	о			City & State			Election Campaign Financing \$5.00 May Be				
23			28				Trust Fund Contribution Added to Fees				
Zip	-	Country	Zip		Country		8. This corporation has liability for			. 199.032,	
24	2 Nama a		29 urrent Registered Agen		30		Florida Statutes 10. Name and Address of New I	Yes L			
OAD.	RY, HOWARD	·····	illelit uchlereren war		81	Name	10. Hame and Address of New I	registered A	Bour		
		BLVD., SUITE 6	03		82						
MIAMI FL 33137						Street Add	fress (P.O. Box Number is Not Accept	able)			
***- **					83						
					84	City			or Zin	Code	
								FL	11:		
11. Pursuant office or ragent 1 a	to the provision registered age am familiar with	ons of Sections 607 ont, or both, in the 3 n, and accept the c	7 0502 and 607,1508, Flo State of Florida Such ch obligations of, Section 61	orida Statut lange was a 07.0505, Flo	es, the above authorized by orida Statutes	e-named cor the corpora s.	poration submits this statement for the ation's board of directors. I hereby acc	purpose of o ept the appo	changing it intment as	s registered registered	
SIGNATURE											
12.	Signature Typedic		ed agent and tille if applicable S AND DIRECTORS				ADDITIONS/CHANGES TO OF	DATE LOEDS AND	DIDECTOR	E IN 12	
TITUE	P	OFFICENC		DELETE			ADDITIONS/CHANGES TO OF		Change	Addition	
NAME	GARY, HO	WARD V.	_		1.1 TITLE 1.2 NAME				_ •		
STREET ADDRESS		SCAYNE BLVD	603			ADDRESS					
CITY-ST-ZIP	MIAMI FL				1.4 CITY - S	1					
TITLE	STD			DELETE	2.1 TIT. E				Change	Addition	
NAME	GARY, HO				22 NAME						
STREET ADDRESS	* 			23		ADDRESS					
CITY-ST-2IF	MIAMI FL				2. 4 City - 5	51 - ZIP					
TITLE				DELETE	3.1 TITLE			ſ	Change	Addition	
NAME	ļ				3.2 NAME						
STREET ADDRESS					3.3 STREET						
CITY-ST-ZIF				Dr. FFF	3.4. CITY - !	ST-ZIP			100000	T Addition	
TITLE			L	DELETE	4.1 TITLE			L	Change	Addition	
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET	l					
CITY-ST-ZIP				DELETE	4.4 CITY - S 5 1 TITLE	1-ZIP			Change	Addition	
TITLE NAME	1		ن_ا	Dett 11	5.2 NAME			L	T Avanido	roomon	
STREET ADDRESS					5.2 NAME 5.3 STREET	ADOBESS					
CITY - ST - ZIP					54 CITY-S						
TITLE	 			DELETE	61 TITLE	1-ZIF			Change	Addition	
NAME				***	62 NAME			-		_ "	
STREET ADDRESS A]					Annesce					

14. I do 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 charged, or on an attack helit with an address.

64 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 57

FILED

Jan 14 1997 8:00am

Secretary of State

)5/11-/38<u></u>

OFIE #

32E034 (9/96)