FIDENMANAPHORNEL AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H79837

Country

INTERNATIONAL CAR WASH, INC.

Principal Place of Business 3050 BISCAYNE BLVD.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SUITE 603 MIAMI FL 33137-4163

21

22

Mailing Address

3050 BISCAYNE BLVD. SUITE 603

MIAMI FL 33137-4163

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

FILED Feb 15, 1999 8:00am Secretary of State

02-15-1999 90002 028 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

10/04/1985 FEI Number

59-2653595

	25	29	30			Personal Property Tax.			No
24	9. Name and Address of Current					10. Name and Address of New	Registered	Agent	
	S. Name and Address of Current	1.0910101012 1.190111		81 Na	me			· •	
CAD	V HOWADD							<u> </u>	
GARY, HOWARD				82 Street Address (P.O. Box Number is Not Acceptable)					
3050 BISCAYNE BLVD., SUITE 603				<u> </u>		*	12.53	<u>a in ser e delle a</u> Talle Nes IVII	37 37
MIAMI FL 33137				83				SIX 1 . (\$1.5) \$	据进疆】
				24 0		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip C	ode
				84 Cit	У	•	FI	_ 03 = 5 0	}
	to the provisions of Sections 607.0502	and 607 1609 Florida Statu	tes the	hove-nai	med com	oration submits this statement for the	purpose o	f changing its r	egistered
					corporatio	on's board of directors. I hereby acce	pt the appo	ointment as reg	istered
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	ons of, Section 607.0505, Flo	orida Sta	tutes.					
SIGNATURE								·	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	<u>-</u>		ature required	d when reinstating)	DATE	ND DIDECTOR	O IN 12
12.	OFFICERS AN		13	·		ADDITIONS/CHANGES TO O	-FICERS A		
TITLE	Р	☐ DELETE	1.11	TITLE		the transfer of the		Change	Addition
NAME	GARY, HOWARD V.		1.2 1	AME					. [
			139	STREET ADD	RESS				
STREET ADDRESS	% 3050 BISCAYNE BLVD 603				200	•		i	
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP				Change	Addition
TITLE	STD	☐ DELETE	2.1	TITLE				- ب	_
NAME	GARY, HOWARD V		2.21	VAME				•	}
STREET ADDRESS	3050 BISCAYNE BLVD.		2.3	STREET ADD	RESS				
			24	CITY-ST-ZIF	,	- 10 10 10 10 10 10 10 10 10 10 10 10 10		: -	
CITY-ST-ZIP	MIAMI FL	DELETE		TITLE	-			☐ Change	☐ Addition
TITLE					ļ			,	•
NAME			1	NAME	ì				
STREET ADDRESS			3.3	STREET ADD	RESS			1, 34	
CITY-ST-ZIP			3.4.	CITY-ST-ZIF		<u> </u>	· · · · · · · · · · · · · · · · · · ·	12 3.4 1	- Addition
TITLE		☐ DELETE	4.1	TITLE		1 to		Change	☐ Addition
NAME			4.2	NAME	i	•		*	
			43	STREET ADD	RESS			<i>I</i>	
STREET ADDRESS					- 1			٠.,	
CITY-ST-ZIP	:	□ DELETE	-	CITY-ST-ZIP TITLE				☐ Change	Addition
TITLE		L) DECETE			1			~	_
NAME	Ì			NAME		. :.	•		
STREET ADDRESS			5.3	STREET ADD	RESS				
CITY-ST-ZIP			5.4	CITY-ST-ZIP		<u> </u>			
TITLE		☐ DELETE	6.1	TITLE				Change	☐ Addition
	- P	_	6.2	NAME					
NAME	*		1	STREET ADD	IDESS				_
STREET ADDRESS	i '				1				
CITY-ST-ZIP	1 4	. <u></u>	6.4	CITY-ST-ZIF	<u> </u>	0 " 440.07(0)(i) Florida Statuto		- 415 - 41 4 41 1	

Country

I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE

BYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/98 (305) 511-1380

32E034 (11/98)