

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J65201

(2)

1. Corporation Name

BISCAYNE CLEANERS, INC.

Principal Place of Business

Mailing Address

20107 BISCAYNE BLVD.
MIAMI BEACH FL 33180-2047

20107 BISCAYNE BLVD.
MIAMI BEACH FL 33180-2047

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/02/1987

3a. Date of Last Report
08/05/1994

4. FEI Number
59-2796702

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIDDIQ, DAWOOD
549 STONEMONT LANE
FT LAUD FL 33326

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 607.0502 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] DAWOOD SIDDIQ

SECY/TREAS

7-20-95

(NOTE: Registered Agent signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIDDIQ, ARIF
STREET ADDRESS	16508 NE 26TH AVE
CITY, ST, ZIP	NMB FL
TITLE	DV
NAME	SIDDIQ, MOHAMMED
STREET ADDRESS	16508 NE 26TH AVE
CITY, ST, ZIP	N M BCH FL
TITLE	DST
NAME	SIDDIQ, DAWOOD
STREET ADDRESS	549 STONEMONT LN
CITY, ST, ZIP	FT LAUD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 and changed, or on an appointment with an address.

SIGNATURE:

[Signature] DAWOOD SIDDIQ

SECY 7/20/95

(305) 9352441

PRINT NAME AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0003761 CP

FILED
95 AUG -1 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (3/95)