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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # 1. Corporation Name

J65321

(8)

MODEL	IMINI	JSTRIES.	IMC
NUMEL	HADL	JO I DIEG.	IIAO:

Principal Place	of Business	Mailing Address						
250 BIRD RO CORAL GAB	DAD #101 LES FL 33146	250 BIRD ROAD #10 CORAL GABLES FL						
	,				3. Date Incorporated or Qualified 04/03/1987	3a. Date of 04/2	Last Re 20/199	' !
2. Principal Pl	ace of Business	2a, Malling Address			4. FEI Number			pplied For
21		26			59-2789460		V	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State)	City & State	######################################		Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zφ	Country 25	Ζ ιρ	Country 30		8. This corporation has liability for i	intangible tax u		
24	g. Name and Address of Curre		30		10. Name and Address of New R	—-	ent	
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QCI 7C0	r, elena s.		82 S		s (P.O. Box Number is Not Acceptab	·lol		
	ID ROAD #101		82 5	treet Address	3 (P.C), BOX Nulliber IS Not Acceptab	iej		
	GABLES FL 33146		83					
			84 0	Dity		FI	85 Ζφ	Code
11. Pursuant t	to the provisions of Sections 607.050	and 607.1508. Florida State	utes, the above-nam	ned corporation	on submits this statement for the pur	pose of chang	ing its re	egistered office
or register	to the provisions of Sections 607.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was author	ized by the corporates.	tion's board	of directors. I hereby accept the app	pintment as rec	gistered :	agent. I am
SIGNATURE	thi, and accept and conganion of the		ELEI	NA S.	. SELZER	4/2	.9/91	6
SIGNATURE.	Signal ire, typed or printed name of registered again		VOTE: Registered Agent sig		her reinstatings	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIMECTORS	13.		ADDITIONS/CHANGES TO OFF		IRECTOR Change	Addition
TITLE	PD	☐ DELETE	1. 1 TITLE			السا	unange	Addition (
NAME	SELZER, NORMAN		1.2 NAME					
STREET ADDRESS	9330 S.W. 70TH ST.		1.3 STREET ADD					
C(TY - S1 - ZIP	MIAMI FL	DELETE	1.4 CHY-ST-70 2. 1 TITLE	lt'				Addition
THILE	STD CLEANA	LJ PECKIE					Change	
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CITY - ST - ZIP	noon CIM TOTAL CT		2.2 NAME	22480			Change	
Anti-St.Fit	9330 S.W. 70TH ST.		2 3 STREET ADD				Change	
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		[] DELETE	2 3 STREET ADD 24 CITY-ST-ZI 3 3 THLE	-54				
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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 119.07(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 if changed, or in an attachment with an address. GONATURE AND TYPED OR PRINTED NAME OF SUCHING OFFICER OR DIRECTOR SELZEN 4/19/11 305-444.9393 SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP