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

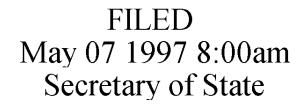
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(8)

E.J.H. DRY CLEANERS INC.

Principal Place of Business

Mailing Address





962-4 NORMANDY DRIVE MIAMI FL 33141		962-4 NORMANDY DRIVE MIAMI FL 33141-2926						
					3. Date Incorporated or Qualified 04/11/1988	3a. Date of Last Re 04/03/1996	port	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Apr	olied For	
21		26			65-0043418		Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Count	У	8. This corporation has liability for in	tangible tax under s.	199.032.	
24	25 29 30		30	Florida Statutes Yes No				
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	istered Agent		
LAM	ARRE, DENIS		8	1 Name				
	90 NE 19 AVE IAMI BEACH 33162		8	2 Street Ado	dress (P.O. Box Number is Not Acceptable)			
. 14 191	IAMI DEACH 33102		8	3				
			8	4 City		FL 85 Zip C	ode	
11. Pursuant office or r	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607.1508, Florida Statul state of Florida. Such change was abligations of, Section 607.0505, Fl	les, the abo authorized I lorida Statut	ve-named cor by the corpora	poration submits this statement for the pu ation's board of directors. I hereby accept	rposo of changing its the appointment as r	registered registered	
SIGNATURE	Signature, typod or printed name of registers				uired when reinstating)	DATE		
12.		AND DIRECTORS	13.	o	ADDITIONS/CHANGES TO OFFIC		S IN 12	
TITLE	PD	DELETE	1,1 TITLE			☐ Change	Addition	
NAME	LAMARRE, DENIS	1.2				_		
STREET ADDRESS	17390 NE 19 AVE		1.3 STREET ADDRESS					
CITY-ST-ZIP	AL AMAMI DEACH EL		1.4 CITY					
TITLE	D	DELETE	2.1 TITLE			Change	Addition	
NAME	LAMARRE, CHANTAL		2.2 NAMI			•	1	
STREET ADDRESS	17390 NE 19 AVE		2.3 STRE	T ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 0117	- \$1-7IP			ľ	
TITLE		☐ DELETE	3.1 TITLE	☐ Char		☐ Change	Addition	
NAME			3.2 NAM					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4 CITY	-ST-7IP				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4.2 NAM	E				
STREET ADDRESS			4.3 STRE	1 ADDRESS				
CITY-ST-ZIP			4.4 CITY	\$1-ZIP				
TITLE	☐ DELFTE		5.1 THLE			Change	Addition	
NAME			5.2 NAM					
STREET ADDRESS	3		5.3 STRE	E1 ADORESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP			ŀ	
TITLE		() DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRS	E1 ADORESS				
CITY-ST-ZIP			6.4 C(1)					
44 1 3 5 5 5 5 5								

bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that you not trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual report or sup. I am an officer or director of the corporation or the