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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

•	1996		Secret DIVISION OF	ary of State CORPORATI	ONS			
DOCUMENT # K60145 (5)								
		DRY CLEANERS,	INC.					
· - · · · · · ·						<u> </u>		
Principal Place	of Business		failing Address					
13808 SW 8 ST			13808 SW 8 ST					
2390 S.W. 16 MIAMI FL 33			2390 S.W. 16TH ST MIAMI FL 33184					
US	7104		US			3. Date Incorporated or Qualified	3a. Date of La	•
2. Principal Pla	ice of Business	2a	, Mailing Address			01/23/1989 4. FEI Number	(05/10	/1995 Applied For
<u> </u>		26	· <u>-</u> -			65-0096182	<u> </u>	Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional Fee Required
City & State			City & State			6. Election Campaign Financing	\$	5.00 May Be
Zip	Cou	28	7in	Country		Trust Fund Contribution	م لا	dded to Fees
2 ND	25	29	Zip	Country 30	<i>'</i>	8. This corporation has liability for in Florida Statutes Yes		ers 199.032,
	g. Name and Ad	dress of Current Regis	stered Agent		1	10. Name and Address of New R	egistered Ageni	
DI II 10 A				81	Name			
	, Barbaro Migu S.W. 12TH Lane	EL		82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)	
MIAMI FL 33184				83				
				84	City		85	Zip Code
11 Durquant to	the provisions of Sr	ections 607 0502 and 60	7 1500 Florido Cest de	4	'	oration submits this statement for the pur	FLI	,
or registere	ed agent, or both, in the	the State of Florida. Such	h change was authorize	es, the above- ed by the corp	named corpo oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing pintment as regist	its registered office ered agent. I am
SIGNATURE	n, and accept the OD	igations of Section but	.0000, monda Statutes.					
	Signature, typed or printed na	me of registered agont and title if		L Registered Age	nt signature require	ed when reinstating)	DATÉ	
12. Tirle	PD	OFFICERS AND DIREC	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRE	
NAME	PULIDO, EVAN	IGFI ITA	C) preside	1.7 NAME			fil rua	nge 🔲 Abbillion
STREET ADDRESS	13242 S.W. 12			13 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY - S	ST-ZIP		- ··	
TITLE NAME	VD DATE	ADO MONE	□ DELETE	2 1 TITLE 22 NAME			☐ Cha	nge 🔲 Addition
STREET ADDRESS	PULIDO, BARE 13242 S.W. 12			2 3 STREET	ADDRESS			
CITY - ST - ZIP	MIAMI FL			2.4 C/TY-S	ST - ZIP			
TITLE			☐ DELETE	3. 1 TiTLE			☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS				3.2 NAME	T 4000000			
CITY-ST-ZIP				3.3. STREE 3.4 CITY - S				
TILLE			☐ DELETE	4. 1 TITLE	// 211		☐ Cha	nge 🔲 Addition
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREE I	1			
DITY+ST-ZIP DITLE			DELETE	4.4 CITY - S 5. 1 TITLE	SI - ZIP		☐ Chai	nge [7] Addition
NAME				5.2 NAME			L.J 5/10/	- E FIOUROIT
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S	17 - ZIP			
ITLE IAME			☐ DELETE	6.1 TITLE			Char	nge 🔲 Addition
STREET ADDRESS				62 NAME 63 STREET	ADDRESS			
CITY-ST-ZIP				64 CITY - S	iT - ZIP			
ceruiv mat	the information indica	ited on this annual renor	1 or supplemental annu	shed and doe	s not qualify f	for the exemption stated in Section 119.0 ate and that my signature shall have the	tama laggi affact.	ac if made under
oatn; that I	am an officer or dire	ctor of the corporation of the corporation of the corporation of the corporation of the changed, or on an atlanta	r the receiver or trustee	empowered t	to execute th	is report as required by Chapter 607, Flo	orida Statutes; and	d that my name
		-50	<i>A</i> .		A			
SIGNAT		URE AND TYPED OR PRINTED	uda E	VANGE	LITH PU	HPU 4/20/96		
	Sidiki		or maining or river	. SIL DIRECTOR		/ Dare	Daytime Pi	O RO B