

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90012 024 \*\*\*550.00

DOCUMENT # K60145 ✓  
Corporation Name  
FLAMINGO FLORIDA DRY CLEANERS, INC.



Principal Place of Business  
08 SW 8 ST  
0 S.W. 16TH ST  
MIAMI FL 33184

Mailing Address  
13808 SW 8 ST  
2390 S.W. 16TH ST  
MIAMI FL 33184  
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/23/1989
City & State	City & State	4. FEI Number
Zip	Zip	65-0096182
Country	Country	Applied For
25	29	Not Applicable
26	27	5. Certificate of Status Desired
28	30	6. Election Campaign Financing
		Trust Fund Contribution
		8. This corporation owes the current year Intangible
		Personal Property Tax.
		Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PULIDO, BARBARO MIGUEL~~  
~~13242 S.W. 12TH LANE~~  
~~MIAMI FL 33184~~

81 Name  
EVANGELITA PULIDO  
82 Street Address (P.O. Box Number is Not Acceptable)  
13242 SW 12 LANE  
83  
84 City  
MIAMI

FL 85 Zip Code  
33184

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)