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PROFIT CORPORATION ANNUAL REPORT

1997

DALY CLEANERS, INC.

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K69780

(0)

FILED Feb 14 1997 8:00am Secretary of State

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Principal Place of Business 874 NE 125 ST GROUND FLOOR NORTH MIAMI FL 33161 US 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		Mailing Address 9016 ABBOTT AVENUE MIAMI BEACH FL 33154-3 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28		3. Date Incorporated or Qualified 03/02/1989 06/25/1996 4. FEI Number 65-0103805 Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution S. Added to Fees 8. This corporation has fiability for intangible tax under s. 199.032,		
24	25	29	30			Yes No	
	9, Name and Address of Cur	rent Registered Agent		64 1	10. Name and Address of New Re	gistered Agent	
2450	BAKOFF, MARC L., ESQ.) N E MIAMI GARDENS DR //I FL			81 Name 82 Street Add 83 City	fress (P.O. Box Number is Not Acceptal		Zip Code
office or r	to the provisions of Sections 607 to egistered agent, or both, in the St m familiar with, and accept the ob-	ate of Florida Such change was oligations of, Section 607.0505, F	authorized lorida Stati	t by the corpora utes.	poration submits this statement for the ation's board of directors. I hereby acce	purpose of chang pt the appointmen	ing its registered it as registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
NAME STREET ADDRESS CITY-ST-ZIF	PST DALY, ARNALDO 9016 ABBOTT AVENUE MIAMI BEACH FL	∐ DELETE		1		L] Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daly, Arnaldo 9016 Abbott Avenue Miami Beach Fl	DELETE	1			Cha	ange Addition
TITLE	VD	DELETE	3.1 TIT			☐ Cha	ange Addition
NAME STREET ADDRESS CITY-ST-ZIP	DALY, VIOLETA 9016 ABBOTT AVENUE MIAMI BEACH FL	Secret Discount I	3.2 NA 3.3 STI				
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ DELETE				☐ Cha	inge Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TIT 5.2 NA 5.3 ST	LĒ	· · · · · · · · · · · · · · · · · · ·	☐ Cha	ange Addition
TITLE NAME STREET ADDRESS CITY: ST-ZIP		☐ DELETE	6.1 T(T 6.2 NA 6.3 ST	LÉ		☐ Che	ange Addition
14. Ldo berel	by certify that the information support indicated on this annual report fficer or director of the corporation	olied with this filing does not qual or supplemental annual report is n or the receiver or trustee embo	lify for the	exemption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same leg ort as required by Chapter 607, Florida	es. I further certify al effect as if mad Statutes; and that	that the le under oath; tha my name