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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Corporation Name

STREET ADDRESS

14. I do hereby certify that the information s appears in Block 12 or Block 13

CHY-ST-ZIE

**DOCUMENT #** L31374

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DDECTIGE	LINEN	SERVICE	CORPORATION

Mating Address Principal Place of Business 13847 SW 139TH CT 13847 SW 139TH CT **BAY # 5** BAY # 5 MIAMI FL 33186 3a. Date of Last Report MIAMI FL 33186 3. Date Incorporated or Qualified 07/19/1995 11/20/1989 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0173681 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt #, etc. Fee Required 27 22 **\$5.00** May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Zip ☐ Yes ☐ No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 RODRIGUEZ, RAMON E 3976 SW 143 CT 83 **MIAMI FL 33175** Zip Code 84 City 0503 and 607,1503. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office. Fig. 35 in change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am 54 in 17,0005, Florida Statutes. 11. Pursuant to the provise or registered age familiar with, and in the State of SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition PIDIT DELETE 1 1 DF. E TITLE 1.2 NAME RODRIGUEZ, RAMON E NAME 1.3 STREET ADDRESS 3976 SW 143 CT STREET ADDRESS 14 CITY - ST - 7IP MIAMI FL Addition CITY-ST-ZIP VP/5 DELETE 2.1 THILE THILE ST 2.2 NAME RODRIGUEZ, MARIA NAME 2.3 STREET ADDRESS 3976 SW 143 COURT STREET ADDRESS 24 City - ST ZiP MIAMI FL CITY - ST - ZIP ☐ Change ☐ Addition 3 1 111116 DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY ST-2IF CITY - ST - ZIP Change Addition DELETE 4 1 THUE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTh - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 5 11:116 TITLE 5.2 NAME NAMÉ 5.3 STREET ADURESS STREET ADDRESS 5.4 City - ST - ZIF CITY-ST-ZIP Addition Change DELETE 6 1 T-TLE THLE 6.2 NAME NAME 6.3 STREET ADORESS

€ 4 CITY - \$1 - ZIF I do hereby certify that the information is upplied 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 sensed report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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 Ripork 12 if or Ripork 13 if or an attack about a thin as additions.