


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

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L31744 (0) 1. Corporation Name CONSOLIDATED LAUNDRY SYSTEMS INCORPORATED			
Principal Place of Business % ROGER BESU 815 NW 57TH AVE. STE 484 MIAMI FL 33126-2041		Mailing Address % ROGER BESU 815 NW 57TH AVE. STE 484 MIAMI FL 33126-2042	
2. Principal Place of Business 21 6812 N.W. 77 Court Suite, Apt. #, etc. 22 City & State 23 Miami, Florida Zip 24 33166 Country 25 USA		2a. Mailing Address 26 6812 N.W. 77 Court Suite, Apt. #, etc. 27 City & State 28 Miami, Florida Zip 29 33166 Country 30 USA	
3. Date Incorporated or Qualified 11/27/1989		3a. Date of Last Report 02/19/1996	
4. FEI Number 65-0160559		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BESU, ROGER 815 NW 57TH AVE SUITE 484 MIAMI FL 33126		10. Name and Address of New Registered Agent 81 Name HECTOR J. MIR 82 Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road 83 Suite 1107 84 City Coral Gables, FL 85 33134	
11. 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 <i>Hector J. Mir</i> Hector J. Mir 4/30/97 <small>Sign and type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE DP <input type="checkbox"/> DELETE NAME LEYVA, AURELIO A. STREET ADDRESS 3200 S.W. 128 AVENUE CITY-ST-ZIP MIAMI FL TITLE VSD <input type="checkbox"/> DELETE NAME LEYVA, GIRALDO JR. STREET ADDRESS 3200 SW 128TH AVE. CITY-ST-ZIP MIAMI FL 33175 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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. SIGNATURE: <i>Giraldo Leyva, Jr.</i> Giraldo Leyva, Jr. 4/30/97 (305) 477-3322 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (9/96)