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 May 01, 1999 8:00 am Secretary of State

05-01-1999 90077 046 ***150.00

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DOCUMENT # L38669

1. Corporation Name

FONTAINEBLEAU GAS & WASH, INC.

Principal Place	of Business	Mailing Address			1 (SALIAN SAA IIIS) ISII SIIIS SIIIS SIII	.(81) (1814 (1814 (1814	fil dieti Alau (de)
7900 NW 36TH ST Miami FL 33166 JS		7900 NW 36TH ST Miami Fl 33166 US			DO NOT WRITE IN 1	THIS SPACE	
,,,		00			3. Date Incorporated or Qualifed		
					12/28/1989		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
26					65-0178453	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	ır Intangible	
4	25	29	30		Personal Property Tax.	⊠ Yes	□No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registe	red Agent	
	0.4490			81 Name	AN FINK ESQU	NDE	.]
	is, luis			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
7900 NW 36 ST				CAT	CIN, SAXON, TUT	TLET	EUANS, P.A.
MAIM	MI FL 33166			83 /69	F ELACIED STOF	ET H	1700
				84 City	C. FLITTECK STREET	85 2	ip Code
				$ M_{I}$		FL [[3	33/3/
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was	authorize	d by the corporatio	oration submits this statement for the purposin's board of directors. I hereby accept the a	e of changing ppointment as	its registered registered
SIGNATURE	y		- 7	3-1-	/C	7/25/	<u> </u>
	Signature, typed or printed name of registered a	agent and title if applicable. (NC		Agent signature required		E NE DIEFO	TODO IN 40
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Chang	
TITLE	PS		1.1 T	1		Conding	
NAME [ARIAS, LUIS		1.2 N	i			
STREET ADDRESS	7900 NW 36TH ST			TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	☐ DELETE		ITY-ST-ZIP		☐ Chang	e Addition
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NAME			5.2 N	T T			
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				ITY-ST-ZIP	•		j
CITY-ST-ZIP TITLE		☐ DELETE	6.1 T			☐ Chang	e Addition
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VAME				TREET ADDRESS			}
STREET ADDRESS				ITV. ST. 7IP	•		

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 pustee 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: x

x 4.26-93 305-639-9590