

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L43513

(5)

1. Corporation Name

SANDRA'S WASH, INC.

Principal Place of Business

2750 WEST 68TH ST.
STE. #118
HIALEAH FL 33016

Mailing Address

2750 WEST 68TH ST.
STE. #118
HIALEAH FL 33016-5448

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHECHNER, MARK S.
2121 PONCE DE LEON BLVD.
SUITE 711
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
SCHECHNER, MARK S.
2121 PONCE DE LEON BLVD.
CORAL GABLES FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DV
LECHIN, GARY
1901 BRICKELL AVE 2104-B
MIAMI FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

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96 CITY-ST-ZIP 97 CITY-ST-ZIP 98 CITY-ST-ZIP

99 CITY-ST-ZIP 100 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 13, as changed, or on an attachment with an address.

SIGNATURE

FILED
May 19 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified 01/19/1990 3a. Date of Last Report 03/12/1996

4. FEI Number 65-0169216 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

CR2E034 (9/96)

04/17/97. (305) 8211530