## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 APPROVEL PROFIT AND FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 96 MAY 10 PM 4: 52 DOCUMENT # L55109 SECRETARY OF STATE Corporation Name TALL AHASSEE, FLORIDA LEJEUNE PLAZA CLEANERS, INC. Principal Place of Business Mailing Address 699 FAST 9 ST 699 EAST 9 ST. HIALEAH FL 33010 HIALEAH FL 33010 3. Date Incorporated or Qualified 3a. Date of Last Report 03/06/1990 05/01/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0186498 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required Crtv & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζıρ Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No $Z_{\rm ID}$ Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOR ITO Inc BRITO & BRITO ACCOUNTING INC 62 Street Address (P.O. 7525 E TREASURE OR #4R N BAY VILLAGE FL 33141 83 MIRMI City 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. Thereby accept the appointment as registered agent. Lam are the corporation of the co 84 SIGNATURE noted han elof reservood about all 1 toe it (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 DELE Change Add tion LUIS, URREA JOSE NAME 1.2 NAME CR2E034 699 EAST 9TH ST. STREET ADDRESS 1.3 STHEET ADDRESS HIALEAH FL CITY-ST-ZIP 14 C11Y-SF ZP TITLE DELFTE 2 1 T-TLE □ Change Addition URREA, MARIA ESTHER NAME 2.2 NAME 750 MICHIGAN AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL CITY - ST-ZIP 2 4 CiTY - ST - ZiP TITLE DELETE 3 1 TITLE . Addition Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 900001827039 CITY - ST - ZIP 3 4 CITY - \$1 - 7IP -05/17/36--01071g-013ddtor \*\*\*\*225.00 \*\*\*\*225.00 TITLE DE ETE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 City - ST ZIP TITLE DELETE 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Add tren NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 C TY - ST - Z-P 14. I do hereby certify that the information supplied 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 argued export 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 controlled or this argued export 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

SIGNATURE:

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vith an address

MO OFFICER OR DIRECTOR

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