

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 MAR 28 PM 2:12

DOCUMENT # **L70353** (2)

1. Corporation Name

FLAGLER PLAZA COIN LAUNDRY, INC.

Principal Place of Business

% JUAN M. BARBEITO
1913 S.W. 19TH STREET
MIAMI FL 33145

Mailing Address

% JUAN M. BARBEITO
1913 S.W. 19TH STREET
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/03/1990** 3a. Date of Last Report **04/18/1994**

4. FEI Number **65-0190962** 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

2. Principal Place of Business

21 **8325 W FLAGLER ST**

2a. Mailing Address

26 **8325 W. FLAGLER ST**

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

MIAMI, FL

27 City & State

MIAMI, FL

24 Zip

33144

25 Country

DADE

28 Zip

33144

29 Country

DADE

9. Name and Address of Current Registered Agent

BARBEITO, JUAN M.
1913 S.W. 19TH STREET
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name **ANA RODRIGUEZ**
82 Street Address (P.O. Box Number is Not Acceptable) **10201 S.W. 66 STREET**
83
84 City **MIAMI** FL 85 Zip Code **33173**

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

Ana Rodriguez

3/23/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARBEITO, JUAN M.
STREET ADDRESS	1913 S.W. 19TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	RODRIGUEZ, MANUEL
STREET ADDRESS	1780 S.W. 18TH TERRACE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	TERMINATED
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	TERMINATED
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	PRESIDENT/DIRECTOR
33 STREET ADDRESS	ANA RODRIGUEZ
34 CITY, ST, ZIP	10201 S.W. 66 ST
	MIAMI, FL 33173
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	SECRETARY
43 STREET ADDRESS	MANUEL RODRIGUEZ, JR
44 CITY, ST, ZIP	10201 S.W. 66 ST
	MIAMI, FL 33173
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(3)(b), Florida Statutes. I further certify that the information included 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. 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 of this report, or in an attachment with an address.

SIGNATURE: *Ana Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT
ANA RODRIGUEZ

3/19/95

305-271-3486