

FILE NOW: FILING FEE AFTER MAY 1 IS \$570.00

FILED
Jun 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L70353 (2)
 1. Corporation Name
FLAGLER PLAZA COIN LAUNDRY, INC.

Amendment



Principal Place of Business 3190 SW 11th Avenue 6325 W. FLAGLER ST. MIAMI FL 33144		Mailing Address 3190 SW 11th Avenue 6325 W. FLAGLER ST. MIAMI FL 33144-2029		3. Date Incorporated or Qualified 05/03/1990	3a. Date of Last Report 02/23/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0190962	Applied For <input type="checkbox"/> Not Applicable
21 Suits, Apt. #, etc.	25 Suits, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	26	29	30

9. Name and Address of Current Registered Agent ANA RODRIGUEZ 10201 S.W. 66TH STREET MIAMI FL 33179		10. Name and Address of New Registered Agent			
		81 Name	Silvia Perez		
		82 Street Address (P.O. Box Number Is Not Acceptable)	12535 S.W. 28th Street		
		83			
		84 City	Miami	85 FL	86 Zip Code 33175

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* *Silvia Perez* DATE: **6-5-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RODRIGUEZ, ANA 10201 S.W. 66TH ST. MIAMI FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD Silvia Perez 12535 S.W. 28th Street Miami, FL 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MANUEL J 10201 S.W. 66TH ST. MIAMI FL <input checked="" type="checkbox"/> DELETE	1.2 NAME	Franklin Fajardo 12535 S.W. 28th Street Miami, FL 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002213287
STREET ADDRESS		6.3 STREET ADDRESS	-06/16/97-01116-002
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	***61.25

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 register 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: *Silvia Perez* **Silvia Perez** 6-5-97 ph# (305) 261-4712 Date: **6/30/97** Daytime Phone # **261-4712**

CR2E034 (9/96)