

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 319 SW 1st Ave - Rodriguez 6325 W. FLAGLER ST. MIAMI FL 33144 | | Mailing Address 319 SW 1st Ave - Rodriguez 6325 W. FLAGLER ST. MIAMI FL 33144-2029 | | 3. Date Incorporated or Qualified 05/03/1990 | 3a. Date of Last Report 02/23/1996 |
|---|--|--|--|--|--|

| | | | |
|--------------------------------|------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 65-019062 | 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 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, ANA | 1.2 NAME | Silvia Perez |
| STREET ADDRESS | 10201 S.W. 66TH ST. | 1.3 STREET ADDRESS | 12535 S.W. 28th Street |
| CITY-STATE-ZIP | MIAMI FL | 1.4 CITY-STATE-ZIP | Miami, FL 33175 |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, MANUEL J | 2.2 NAME | Franklin Fajardo |
| STREET ADDRESS | 10201 S.W. 66TH ST. | 2.3 STREET ADDRESS | 12535 S.W. 28th Street |
| CITY-STATE-ZIP | MIAMI FL | 2.4 CITY-STATE-ZIP | Miami, FL33175 |
| 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--032 |
| 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)