

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 8:50

DOCUMENT # **L81531 (0)**

1. Corporation Name
L.A. CARWASH, INC.

Principal Place of Business 2701 SW 137TH AVE. MIAMI FL 33175	Mailing Address 2701 SW 137TH AVE. MIAMI FL 33175
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/19/1990	3a. Date of Last Report 02/22/1994
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2. Principal Place of Business 21 8775 W. FLAGLER ST.	2a. Mailing Address 26 8775 W. FLAGLER ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33174 25 Country	Zip 29 33174 30 Country

4. FEI Number 65-0202640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEVINE, EDWARD S.
328 MINORCA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 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. 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 PVT	NAME ARIAS, LUIS	STREET ADDRESS 2701 SW 137TH AVE.	CITY-ST-ZIP MIAMI FL
TITLE D-	NAME ARIAS, LUIS-	STREET ADDRESS 2701 SW 137TH AVE.	CITY-ST-ZIP MIAMI FL-
TITLE S	NAME ARIAS, MARIA EUGENIA	STREET ADDRESS 2701 SW 137 AVE	CITY-ST-ZIP MIAMI FL
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ARIAS, LUIS	
1.3 STREET ADDRESS 8775 W. FLAGLER STREET	
1.4 CITY-ST-ZIP MIAMI, FL 33174	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME ARIAS, MARIA EUGENIA	
3.3 STREET ADDRESS 8775 W. FLAGLER STREET	
3.4 CITY-ST-ZIP MIAMI, FL 33174	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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 Block 13 if changed to an attachment with an address.

SIGNATURE: x *[Signature]* x **1-30-95 (305)220-8173**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration