

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # L81531 (0)

1. Corporation Name

L.A. CARWASH, INC.

Principal Place of Business

Mailing Address

8775 W FLAGLER ST
MIAMI FL 33174
US

8775 W FLAGLER ST
MIAMI FL 33174
US

2. Principal Place of Business

2a. Mailing Address

21 7900 N.W. 36 ST.

26 7900 N.W. 36 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL

28 MIAMI, FL

24 Zip 33166 Country USA

29 Zip 33166 Country USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/19/1990

3a. Date of Last Report

02/03/1995

4. FEI Number

65-0202640

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

10. Name and Address of New Registered Agent

LEVINE, EDWARD S.
328 MINORCA AVENUE
CORAL GABLES FL 33134

81 Name LUIS ARIAS

82 Street Address (P.O. Box Number is Not Acceptable)

7900 N.W. 36 ST.

83

84 City MIAMI

FL

85 Zip Code 33166

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]

(NOTE: Registered Agent signature required when reinstating)

X

DATE

12. OFFICERS AND DIRECTORS

TITLE PVTD
NAME ARIAS, LUIS
STREET ADDRESS 8775 W FLAGLER STREET
CITY-STATE-ZIP MIAMI FL

TITLE SD
NAME ARIAS, MARIA EUGENIA
STREET ADDRESS 8775 W FLAGLER STREET
CITY-STATE-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 7900 N.W. 36 ST.
1.4 CITY-STATE-ZIP MIAMI, FL 33166

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 7900 N.W. 36 ST.
2.4 CITY-STATE-ZIP MIAMI, FL 33166

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

Daytime Phone #

(305) 592-4884

CR2E034 (12/95)