

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90077 044 ***150.00

DOCUMENT # L81531

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7900 NW 36 STREET MIAMI FL 33166 US Mailing Address 7900 NW 36 STREET MIAMI FL 33166 US

3. Date Incorporated or Qualified 06/19/1990 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 22 City & State 27 City & State 23 Zip Country 28 Zip Country 24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent ARIAS, LUIS 7900 NW 36 STREET MIAMI FL 33166

10. Name and Address of New Registered Agent 81 Name BRIAN FINK ESQUIRE 82 Street Address (P.O. Box Number is Not Acceptable) CATLIN SAXON TUTTLE + EVANS P.A. 83 169 E. FLAGLER STREET # 1700 84 City MIAMI FL 85 Zip Code 33131

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 x [Signature] x 4/29/99 DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include PVTD ARIAS, LUIS and SD ARIAS, MARIA EUGENIA.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Rows 1.1-1.4 are empty.

14. I 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 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, with all other like empowered.

SIGNATURE: x [Signature] x 4-28-99 305-639-9590

CR2E034 (11/98)