

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M01308

(9)

1. Corporation Name

ALL LAUNDRY SERVICE, INC.

Principal Place of Business

3530 SW 23RD ST
MIAMI FL 33145

Mailing Address

5767 SW 17TH ST
MIAMI FL 33155
US

2. Principal Place of Business

2a. Mailing Address

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State, Apt., etc.

State, Apt., etc.

22

27

City & State

City & State

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28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

LOPEZ-AGUIAR, HENRY A.
3445 N.W. 7TH STREET
MIAMI FL 33125

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 604 and 604.101, 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 provisions of Sections 604 and 604.101, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST., ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST., ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST., ZIP
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93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST., ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST., ZIP

PD
FERNANDEZ, RAMON
3530 SW 23RD ST
MIAMI FL
D
FERNANDEZ, ZENaida
3530 SW 23RD ST
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST., ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST., ZIP
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98. NAME
99. STREET ADDRESS
100. CITY, ST., ZIP

14. I hereby certify that the information submitted is true and correct and does not qualify for the exemption stated in Section 119.07(5)(g), Florida Statutes. I further certify that the information submitted 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. I am an officer or director, or a shareholder or partner in the corporation, or a trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or on an other listed with an address.

SIGNATURE:

Ramon Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 (305) 443-2242

CR2E034 (12/95)