## 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

DOCUI	MENT # <b>M3206</b> 6	3		02-08-1999 90041 018 *** 13	0.00
i. Corporation	icia quality dry cleanii				
LA OILI	ioni qui ci i biii occi ani			1 (1910 <b>)</b> (1911) (1910) (1914) (1914) (1914) (1914) (1914) (1914) (1914)	IRAN BURAN BURAN BURAN BURAN 1887
	•				
Principal Place	e of Business	Mailing Address	<del></del>	1 10010011 100 11110 11011 00110 01114 0111 01011 01	IBria Dilber Atlant arace asurt cant
C/O ARMANDO		C/O ARMANDO LOPEZ			
201 NW 37TH / MIAMI FL 3312!		201 NW 37TH AVE MIAMI FL 33125-4827		DO NOT WRITE IN THIS	SPACE
MINNI PL 3312	5-4021	MINNI IL SSIES-TOE		3. Date Incorporated or Qualifed	0.7.02
•			•	05/14/1986	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2801847	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		<u> </u>	
City & State	de .	<b>├</b> ┐ ′	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	This corporation owes the current year Inta	
24	25	·	30	Personal Property Tax.	⊠Yes □No
	9. Name and Address of Curren			10. Name and Address of New Registered A	Agent
	EZ ADMANDO	•	81 Name		
	ez, armando NW 37TH AVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MI FL	h. tear		43.22	2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
MINÁU	MI FL		83		
			84 City	.,	85 Zip Code
22 -	4- Ab	2 and 607 1509 Florido Statuto	se the above period core	poration submits this statement for the purpose of	changing its registered
II. Fulsuain	to the provisions of Sections our .000	z ano our. 1000, monda otatute	a, the above-named corp	Soldion Submits this statement for the purpose of	orialiging to registered
office or r	egistered agent, or both, in the state	of Florida, Such change was au	ithorized by the corporati	on's board of directors. I hereby accept the appoir	ntment as registered
	im familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized by the corporati ida Statutes.	on's board of directors. I hereby accept the appoin	niment as registered
office or nagent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered agen		Ithorized by the corporati ida Statutes.  Registered Agent signature require		nament as registered
	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:			D DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) • DATE	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO	nt and title if applicable. (NOTE:	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME	ed when reinstating) • DATE	D DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	nt and title if applicable. (NOTE:	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) • DATE	D DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO	ont and title if applicable. (NOTE: ID DIRECTORS  DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating) • DATE	D DIRECTORS IN 12 Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	nt and title if applicable. (NOTE:	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	ed when reinstating) • DATE	D DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	ont and title if applicable. (NOTE: ID DIRECTORS  DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating) • DATE	D DIRECTORS IN 12 Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	ont and title if applicable. (NOTE: ID DIRECTORS  DELETE	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	ed when reinstating) • DATE	D DIRECTORS IN 12 Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	ont and title if applicable. (NOTE: ID DIRECTORS  DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating) • DATE	D DIRECTORS IN 12 Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	IN and title if applicable. (NOTE:	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	ed when reinstating) • DATE	D DIRECTORS IN 12 Change Addition  Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	IN and title if applicable. (NOTE:	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	ad when reinstating) *	D DIRECTORS IN 12 Change Addition  Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	The and side if applicable. (NOTE:  ID DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ad when reinstating) *	D DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	IN and title if applicable. (NOTE:	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	ad when reinstating) *	D DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	The and side if applicable. (NOTE:  ID DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	ad when reinstating) *	D DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	The and title if applicable. (NOTE: DD DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ad when reinstating) *	D DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	The and title if applicable. (NOTE: DD DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ad when reinstating) *	D DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	The and title if applicable. (NOTE: DD DIRECTORS  DELETE  DELETE  DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ad when reinstating) *	D DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	The and title if applicable. (NOTE: DD DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ad when reinstating) *	D DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE	The and title if applicable. (NOTE: DD DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ad when reinstating) *	D DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AN DP LOPEZ, ARMANDO 201 NW 37TH AVE MIAMI FL	The and title if applicable. (NOTE: DD DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ad when reinstating) *	D DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State**