

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M46261 (7)

1. Corporation Name

STEAMATIC OF DADE COUNTY, INC.

Principal Place of Business

C/O JOEL B. KRIEGER
~~12104 SW 120 STREET~~
MIAMI FL 33186

Mailing Address

C/O JOEL B. KRIEGER
~~12104 SW 120 STREET~~
MIAMI FL 33186-5231



3. Date Incorporated or Qualified
02/09/1987

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21 12032 SW 132 COURT

2a. Mailing Address

26 12032 SW 132 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28 MIAMI FL

Zip

24 33186

Country

Zip

29 33186

Country

30 USA

4. FEI Number

65-0187735

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KRIEGER, JOEL B.
~~12104 SW 120 STREET~~
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

12032 SW 132 COURT

83

84 City

FL

85 Zip Code

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 PD
NAME KRIEGER, JOEL B.
STREET ADDRESS ~~12104 SW 120 ST~~
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE SD
NAME KRIEGER, CAMILLE D.
STREET ADDRESS ~~12104 SW 120 ST~~
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 12032 SW 132 COURT

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 12032 SW 132 COURT

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0216887

CR2E034 (9/96)