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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

MEGIAA

1. Corporation	Name # IVIDIO	144 (2)			
•	ESTEAD CLEANERS, INC	ORPORATED.			
I IOIVIL	OTERO OLEMBERO, MOI	OH OHATED		A ARBIODI) ADA DINIO DALDE ALDIA DALDA DIDI	BION OJOM BION OLOM OLOM
Principal Place	of Business	Mailing Address		- A EMBLOOM ON DANKE MEIDT TODAT MENTE DIDIT	Y I MAY O FEAT OLDAN MINNE DINA 1881
1290 W 68 ST		1290 W 68 ST			
HIALEAH FL 33014		HIALEAH FL 33014			
US		US		3. Date Incorporated or Qualified 3a, Date	e of Last Report
				· · ·	05/01/1995
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For
21		26		59-2829661	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stote		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for intangible t	Added to Fees
24	25	29	30	Florida Statutes Yes No	ax under \$ 199.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
81 Name					
GONZALEZ, ENRIQUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
17851 SW 89 CT.					
MIAMI FL 33157			83		
	// / /		84 City		85 Zip Code
44.5				FL	_ []
11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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 oblightions of Section 607.0505, Florida Statutes.					
familiar with	n, and accord the obligations of Se	ection 607.0505, Florida Statutes		1 2	, 91
SIGNATURE _	Signature, typed in printed name of registred age	ent and title if applicable (NO	TE Registered Agent signature require	nd when renistating) DATE	· · /\doc
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD /	☐ DELETE	1. 1 TOTLE		Change Addition
NAME	sanabria, Jose A.		1.2 NAME		İ
STREET ADDRESS	16942 SW 82 CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELE1E	2. 1 TITLE	1	☐ Chang∈ ☐ Addition
NAME	GONZALEZ, ENRIQUE		2.2 NAME		
STREET ADDRESS	17851 SW 89 CT. MIAMI FL		2.3 STREET ADDRESS		
CITY-ST-ZIP T TLE	MIAMI FL	DELETE	2.4 CITY-ST-ZIP		7 Access 7 Addition
NAME		[] perrit	3. 1 TITLE 3.2 NAME	'	Change Addition
STREET ADDRESS			3.2 NAME 3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME	•	- · -
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
THTLE		☐ DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIP		F3 per eve	5.4 CITY+ST-ZIP		7.0
TITLE		☐ DEFE1E	6. 1 TITLE		Change
NAME COSET ADDRESS			6.2 NAME		
STREET ADDRESS	\sim		6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I do hereby	certify that the information supplied	in this filing is voluntarily furni	shed and does not qualify to	or the exemption stated in Section 119 07/3i/k). Fir	vida Statutes I further

certify that the information indicated on this annual report is voluntarily turnished and does not quality 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 contigration of 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 1 changed, of the analysis ment with an address.

SIGNATURE:

SEC.

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