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

DOCUMENT # M61196 1. Corporation Name

LITTLE HAITI COIN LAUNDRY, INC. Mailing Address

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90066 037 ***150.00



Principal Place	e of Business	Mailing Address				1			
6505 NE 2ND AVE 600 FALCON AVE									
MIAMI FL 33138 MIAMI SPGS FL 33166									
US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			1
						10/21/1987			\
2. Principal Pl	ace of Business	2a. Mailing Address		-		4. FEI Number		$\Box \Box f$	Applied For
21		26				65-0009025			Not Applicable
Suite, Apt. :	# oto	Suite, Apt. #, etc.				03 0003023			Additional
. चा∸ ÷ `	m, etc.				* .	_5. Certificate of Status Desired			Required
22		27]							
City & State	•	City & State				6. Election Campaign Financing			May Be
23		28		-		Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre			5
24	25	29	30			Personal Property Tax.		☐ Yes	No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	gent	
				81	Name				
GREGORY, URSULA M-				82 Street Address (P.O. Box Number is Not Acceptable)			LI-)		
600	FALCON AVE		82 Stre			iress (P.O. Box Number is Not Accepta	pie)		
			83				 		
THE U	MI SPRINGS FL 33166			"					ļ
				84	City			85 Zip	Code
				ìì			<u>FL</u>		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the al	bove	-named con	poration submits this statement for the	purpose of c	hanging i	ts registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was at one of Section 607 0605. Flor	ithorized ida Stati	i by i utes.	the corporati	ion's board of directors. I hereby accep	t the appoint	inent as	registered
	II tattiliat with and accept the obligation	3/13 01, 00001011 007 100007 1 101	ioo Ototi						ł
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agen	signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND		13.	_		ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1,1 TR	TLE				Change	Addition
1	· '		1,2 NA						
NAME	GREGORY, RONALD A.		1						}
STREET ADDRESS	600 FALCON AVE		1,3 \$1	REET	ADDRESS				1
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		1,4 CI	TY-ST	-ZIP				
TITLE	STD	☐ DELETE	2.1 TII	ΠLE				☐ Change	Addition
NAME }	GREGORY, URSULA M.		2.2 NA	ME	}				l l
STREET ADDRESS	600 FALCON AVE		2.3 ST	REET	ADDRESS				ł
CiTY-ST-ZIP	MIAMI SPRINGS FL 33166		2.4 C	ITY-S'	T-7IP				
TITLE	- HIW WAR OF THE GOOD L GOOD	☐ DELETE	3.1 717					☐ Change	Addition
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>	3.2 NA		}			•	\
NAME					Lenners				
STREET ADDRESS					ADDRESS				
CITY-ST-ZiP			3.4. C		T-ZIP				
TITLE		☐ DELETE	4.1 717	RÉ	}			Change	e DAddition
NAME			4. 2 N	AME	1]
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4,4 Cf						1
TITLE		☐ DELETE	5.1 Tr					Change	e Addition
			5.2 N			_			_
NAME					ADODECC	-			ł
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CI		- ZIP			<u> </u>	
TITLE		☐ DELETE	6.1 TI					☐ Change	e 🔲 Addition
NAME			6.2 N	AME					ļ
STREET ADDRESS			6.3 ST	REET	ADORESS				

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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE: