

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M72606 (0)
1. Corporation Name
GIGI'S COIN LAUNDRY INC.

Principal Place of Business
840 EAST 34 ST
HIALEAH FL 33013

Mailing Address
840 EAST 34 ST
HIALEAH FL 33013



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1988	
4. FEI Number 65-0037633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 158 N.W. 57 Ave. Suite, Apt. #, etc. 22 City & State Miami, FL 23 Zip 33126 24 Country U.S.	2a. Mailing Address 26 158 N.W. 57 Ave. Suite, Apt. #, etc. 27 City & State Miami, FL 28 Zip 33126 29 Country U.S.
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9. Name and Address of Current Registered Agent ESTRADA, LIDIA 840 EAST 34 STREET HIALEAH FL 33013		10. Name and Address of New Registered Agent 81 Name Lidia Rivero 82 Street Address (P.O. Box Number is Not Acceptable) 5561 W. 8 Lane 83 84 City Hialeah FL 85 Zip Code 33012	
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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 Lidia Rivero DATE 2/18/98
Signature of, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, LIDIA	1.2 NAME	Rivero, Lidia
STREET ADDRESS	840 EAST 34 ST	1.3 STREET ADDRESS	5561 W. 8 Lane
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERO, MARIBEL	2.2 NAME	
STREET ADDRESS	840 E 34 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: Man Rivero DATE 2/18/98 305-262-6063

CR2E034 (10/97)