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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name

SAM COIN LAUNDRY INC

Principal Place of Business	Mailing Address
4817 SW 8 ST.	4817 SW 8 ST.
MIAMI FL 33134	MIAMI FL 33134

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90066 030 \*\*\*150.00

SAW CORE LAUNDRY, INC.							
Principal Place of Business . N	Mailing Address				itt anti ninti nihit nikti		<b>8</b> 14 <b>#8</b> 81
4817 SW 8 ST. 4817 SW 8 ST.			<del>-</del> :				
MIAMI FL 33134 MIAMI FL 33134			DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 06/06/1988			
Principal Place of Business     2a	Mailing Address			4. FEI Number	<u> </u>	Applied	For
21 4817 S-W 8 ST. 26	I wand.	881	Reel	65-0051185		Not Apr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	2 2	•		\$8.	75 Additi	
22 , 27				5. Certifcate of Status Desired	1 1.	e Require	
City & State  23 MIAMI FLORICA 28				Election Campaign Financing     Trust Fund Contribution	1 1	.00 May ded to Fe	
Zip Country	. Zip	Country	1	8. This corporation owes the curre	· <u>-</u>	_	
24 33134 25 USH 29	30	0		Personal Property Tax.	Yes	N	2
9. Name and Address of Current Regi	stered Agent	81	Name	10. Name and Address of New R	egistered Agent		
ALLADIN, SAM		"	Name				
11420 SW 28 ST		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
MIAMI FL 33165		83				A Company	
		84	City			Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and I	607 1508 Florida Statutes	the above	e-named corno	oration submits this statement for the	numose of changing	a its reais	tered
11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Flori agent. I am familiar with, and accept the obligations of SIGNATURE	ida. Such change was auth f, Section 607.0505, Florida PRES	orized by a Statutes	the corporations.	n's board of directors. I hereby accep	purpose of changing the appointment	as register	tered ed
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(305) 220 2785