

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

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

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

DOCUMENT # M84890

1. Corporation Name  
SAM COIN LAUNDRY, INC.

Principal Place of Business

4817 SW 8 ST.  
MIAMI FL 33134

Mailing Address

4817 SW 8 ST.  
MIAMI FL 33134



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1988

4. FEI Number

65-0051185

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 4817 SW 8 ST.

Suite, Apt. #, etc.

22 City & State

23 MIAMI Florida

24 33134

25 USA

2a. Mailing Address

26 4817 SW 8 Street

Suite, Apt. #, etc.

27 City & State

28

29

9. Name and Address of Current Registered Agent

ALLADIN, SAM  
11420 SW 28 ST  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

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

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

*Sam Alladin* PRES.

(NOTE: Registered Agent signature required when reinstalling)

DATE

1-15-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALLADIN, SAM  
STREET ADDRESS 11420 SW 28TH ST.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD  
NAME ALLADIN, EMRAN  
STREET ADDRESS 11420 SW 28TH ST.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD  
NAME ALLADIN, FAIZUL S.  
STREET ADDRESS 11420 SW 28TH ST.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE TD  
NAME ALLADIN, SHENEZA S.  
STREET ADDRESS 11420 SW 28TH ST.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE SD  
NAME ALLADIN, BIBI S.  
STREET ADDRESS 11420 SW 28TH ST.  
CITY-ST-ZIP MIAMI FL

☐ 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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

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 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.

SIGNATURE:

*Sam Alladin* PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

(305) 220 2785

Daytime Phone #

CR2E034 (11/98)