FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 17 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40896 (3)

1. Corporation Name
DRYCLEAN-U.S.A. OF CALIFORNIA, INC.

Principal Place of Business	Mailing Address
12515 N. KENDALL DRIVE. SUITE 400 MIAMI FL 33186	12515 N. KENDALL DRIVE. SUITE 400 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1992
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business	2a. Mailing Address
21 1875 W. Commercial Blvd.	26 1875 W. Commercial Blvd.
Suite, Apt. #, etc. 22 Suite 140	Suite, Apt. #, etc. 27 Suite 140
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip / Country 24 33309 / 25 USA	Zip / Country 29 33309 / 30 USA

4. FEI Number: 59-2211938 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DRYCLEAN U.S.A, INC. 12515 N KENDALL DRIVE SUITE 400 MIAMI FL 33186	01 Name 02 Street Address (P.O. Box Number is Not Acceptable): 1875 W. Commercial Blvd. Suite 140 03 04 City: Ft. Lauderdale FL 05 Zip Code: 33309

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 _____ DATE
Signature, 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	DCD	11 TITLE	☑ Change ☐ Addition
NAME	PUSHKIN, DENNIS	12 NAME	DELETE
STREET ADDRESS	12515 N KENDALL DR #400	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	S/T ☑ Change ☐ Addition
NAME	GROSS, DEAN W	22 NAME	Silver, Noah
STREET ADDRESS	12515 N. KENDALL DRIVE, SUITE 400	23 STREET ADDRESS	1875 W. Commercial Blvd. #140
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	AS	31 TITLE	V ☑ Change ☐ Addition
NAME	DE MAIO, DEBRA	32 NAME	Rodriguez, Jose G.
STREET ADDRESS	8044 MONTGOMERY RD #170	33 STREET ADDRESS	1875 W. Commercial Blvd. #140
CITY-ST-ZIP	CINCINNATI OH	34 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	CD	41 TITLE	C/D ☑ Change ☐ Addition
NAME	WAHL, JAMES R	42 NAME	Barry, James P.
STREET ADDRESS	12515 N. KENDALL DRIVE, SUITE 400	43 STREET ADDRESS	1875 W. Commercial Blvd. #140
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	CD	51 TITLE	☑ Change ☐ Addition
NAME	GREER, TERENCE M	52 NAME	
STREET ADDRESS	12515 N. KENDALL DRIVE, SUITE 400	53 STREET ADDRESS	1875 N. Commercial Blvd. #140
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	PD	61 TITLE	☑ Change ☐ Addition
NAME	RODRIGUEZ, EDDIE	62 NAME	
STREET ADDRESS	12515 N. KENDALL DRIVE, SUITE 400	63 STREET ADDRESS	1875 W. Commercial Blvd. #140
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	Ft. Lauderdale, FL 33309

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 5-11-95 (305)593-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0201932 CP