Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90124 036 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P92000012524

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

THE NEV	VEST CONCEPT COIN LAU	JNDRY, INC.							
Principal Place	e of Business	Mailing Address				Transaction of the second seco			
1974-76 WEST 60TH ST. 1974-76 WEST 60TH ST.									
HIALEAH FL 33012 HIALEAH FL 33012						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	JFACE.	1	
						12/17/1992			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Apı	olied For	
21		26				65-0375363	No	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		
22		27				5. Certificate of Status Desired	Fee Re	quired	
City & State	е	City & State	_			6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	_	intry		8. This corporation owes the current year Inta		ا	
24	25	29	30			1 Crooker 1 Top 2-1-y 1 am		□No	
	9. Name and Address of Curre	nt Registered Agent		241		10. Name and Address of New Registered A	gent	_	
DIAZ	MADIENE			81	Name				
DIAZ, MARLENE 1974-76 WEST 60TH ST.				82	Street A	ddress (P.O. Box Number is Not Acceptable)			
HALEAH FL 33012				Ц					
HIAL	EAR FL 33012			83		•			
				84	City	FI	85 .Zip C	ode ,	
11. Pursuant office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Statu e of Florida. Such change was a ations of, Section 607.0505, Flo	tes, the a authorized orida Stat	bove by utes.	-named o the corpor	orporation submits this statement for the purpose of c ration's board of directors. I hereby accept the appoin	changing its tment as rec	registered pistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT)	E: Registered	I Agen	t signature rec	guired when reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TI	TLE			Change	☐ Addition	
NAME	DIAZ, MARLEN		1.2 NAME 1.3 STREI						
STREET ADDRESS	14880 S.W. 82NS ST.				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33193		1.4 CIT				•		
TITLE	STD	☐ DELETE	2.1 TI	TLE			☐ Change	Addition	
NAME	DIAZ, PEDRO		2.2 N	AME					
STREET ADDRESS	14880 S.W. 82NS ST.	7. <b>82NS ST</b> . 238			ADDRESS				
CITY-ST-ZIP	MIAMI FL 33193		2.40		T-ZIP				
TITLE		☐ DELETE	3.1 T				☐ Change	Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 STRE		ADDRESS				
CITY-ST-ZIP			3.4, CITY-		T-ZIP	_			
TITLE		☐ DELETE	4.1 TI	TLE			☐ Change	☐ Addition	
NAME			4. 2 NAME				,	İ	
STREET ADDRESS			4.3 S	TREET	ADDRESS			1	
CITY-ST-ZIP				TY-S1					
TITLE		☐ DELETE	5.1 T				Change	Addition	
NAME			5.2 N	AME					

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 attachagent with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY- ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

☐ Change

Addition