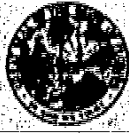


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



FILED

95 JUL 10 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000004048 (3)**

1. Corporation Name
DORI MAR CLEANING SERVICE, CORP.

Principal Place of Business: **7045 NW 170 STREET HIALEAH FL 33015**

Mailing Address: **7045 NW 170 STREET HIALEAH FL 33015**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/19/1993**

3a. Date of Last Report: **03/29/1994**

4. FEI Number: **65-0381233**

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

21. Principal Place of Business	2a. Mailing Address
3699 W 12 AV.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1	
City & State	City & State
Hialeah, FL	
Zip	Country
33015	
Country	Country
USA	

9. Name and Address of Current Registered Agent

MARTINEZ, DORA
7045 NW 170 STREET
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MARTINEZ, DORA
STREET ADDRESS	7045 NW 170TH STREET
CITY - ST - ZIP	HIALEAH FL
TITLE	SD
NAME	MARTINEZ, ELIZABETH
STREET ADDRESS	7101 W 11TH, APT C
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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]* **4/3/95** **605/158-963**

DATE: _____