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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P93000016937 (3) DOCUMENT # LAUNDRY ASSOCIATES, INC. Principal Place of Business Mailing Address 1515 ALTON ROAD 1515 ALTON ROAD MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 US 3. Date Incorporated or Qualified 3a. Date of Last Report 03/05/1993 08/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0411246 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PREVITI, PETER Street Address (P.O. Box Number is Not Acceptable) 5825 SUNSET DR **SUITE 210** 83 **MIAMI FL 33143** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 2 TITLE DELETE 1. 1 TITLE Change ☐ Addition WONG, GEOFFREY C NAME 1.2 NAME 9260 SW 140TH ST 11444 SW 149CT CR2E034 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL -99170-C+TY - S1 - Z+P 1.4 CITY - \$1 - ZIP TITLE DELETE 2. 1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CI1Y-S1-ZIP 24 CHY - ST - ZIP TITLE 3.1 THUE ☐ Change Addition NAME 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIF DELETE TITLE 4 1 Title Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - 7IP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 THTLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 54 CITY-ST-ZIP TITLE DELETÉ 6 1 TITLE Change Addition NAME 6.2 NAME

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)(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.

63 STREET ADDRESS

64 011Y - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP