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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000016937

1. Corporation Name

LAUNDA	RY ASSOCIATES, INC								
Principal Place	e of Business	Mailing Addre	ess			- COMPANDO ISO EDIED CANTA DURAN ODS	II WUIII VALA IIVI	A BANCA IĞISA I	
1515 ALTON ROMIAMI BEACH	OAD		1515 ALTON ROAD MIAMI BEACH FL 33139 US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/05/1993	<u> </u>		
2. Principal P	lace of Business	2a. Mailing Ad	ddress			4. FEI Number			
21		26				65-0411246			
Suite, Apt. #, etc.		Suite, Apt.				5. Certifcate of Status Desired			
City & Stat	te '	City & Sta	ate			6. Election Campaign Financing		•	· 1
23		28				Trust Fund Contribution			Fees
Zip	Country	Zip	. —	Country		8. This corporation owes the curre			
24	25	29	30		====	Personal Property Tax. 10. Name and Address of New R			LINO
	9. Name and Address of Curre	ent Registered Ager	nt	81	Name	TO MAINE BUILD ADDIESS OF MEW K	-Aisreian yñ		+
PRE	VITIPETER								
	5 SUNSET DR			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees gible Yes No gent 85 Zip Code hanging its registered ment as registered	
	TE 210			83				<u> </u>	
	MI FL 33143			0.5					
	•		<u>a</u>	84	City		- FL !		}
office or r	registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such ch	iange was autho	nzeo ov	the corporation	n's board of directors. I hereby accep	t the appointm	nent as reg	istered
SIGNATURE	Signature typed or ortified name of registered as				it signature required	when reinstating)	DATE .		
SIGNATURE	Signature, typed or printed name of registered ac					when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
	Signature, typed or printed name of registered ac	gent and title if applicable.		istered Ager		when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR Change	RS IN 12
12.	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable.	(NOTE: Regi	istered Ager		when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND		
12. TITLE	OFFICERS A WONG, GEOFFREY C	gent and title if applicable.	(NOTE: Regi	istered Ager 13. 1.1 TITLE	at signature required	when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND		
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR