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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000029974 (1)

1. Corporation Name
GEMA CLEANERS, INC.



Principal Place of Business

3260 N.W. 23RD AVENUE
SUITE 500
POMPANO BEACH FL 33069

Mailing Address

3260 N.W. 23RD AVENUE
SUITE 500
POMPANO BEACH FL 33069-1097

2. Principal Place of Business

21 2300 W SAMPLE RD

Suite, Apt. #, etc.

22 SUITE # 106

City & State

23 POMPANO BEACH FLORIDA

Zip

24 33073

Country

25 BROWARD

2a. Mailing Address

26 2300 W SAMPLE RD

Suite, Apt. #, etc.

27 SUITE # 106

City & State

28 POMPANO BEACH FL

Zip

29 33073

Country

30 BROWARD

3. Date Incorporated or Qualified

04/22/1993

3a. Date of Last Report

03/12/1996

4. FEI Number

65-0405270

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

ESQUIVEL, GEORGE E
3260 N.W. 23RD AVENUE
SUITE 500
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

ESQUIVEL GEORGE E

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

2300 W SAMPLE RD

83

SUITE # 106

84 City

POMPANO BEACH

FL

85 Zip Code

33073

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME ESQUIVEL, GEORGE E
STREET ADDRESS 3260 N.W. 23RD AVENUE, SUITE 500
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE DO ☒ DELETE
NAME ESQUIVEL, LILIA E
STREET ADDRESS 3260 N.W. 23RD AVENUE, SUITE 500
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ESQUIVEL GEORGE E
1.3 STREET ADDRESS 2300 W SAMPLE RD, SUITE # 106
1.4 CITY-ST-ZIP POMPANO BEACH FL., 33073

2.1 TITLE DO ☒ Change ☐ Addition
2.2 NAME ESQUIVEL, LILIA
2.3 STREET ADDRESS 2300 W SAMPLE RD, SUITE # 106
2.4 CITY-ST-ZIP POMPANO BEACH FL 33073

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/97 (954) 978-0099

Date

Daytime Phone #

CR2E034 (9/96)