

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000032577 (7)

1. Corporation Name

L.E.L.O. CLEANERS, INC.



Principal Place of Business

Mailing Address

5317 GUNN HIGHWAY
TAMPA FL 33624

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TAMPA FL 33624

3. Date Incorporated or Qualified

05/05/1993

3a. Date of Last Report

01/03/1995

2. Principal Place of Business

2a. Mailing Address

21 5317 Gunn Hwy
Suite, Apt. #, etc.

26 5317 Gunn Hwy
Suite, Apt. #, etc.

22 TAMPA FL
City & State

27 TAMPA FL
City & State

23 TAMPA FL
City & State

28 TAMPA FL
City & State

24 33624 Country
25 U.S.

29 33624 Country
30 US

4. FEI Number

59-3190814

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

10. Name and Address of New Registered Agent

DELGADO, SIGFREDO
8639 N. HIMES AVE.
APT. 1902
TAMPA FL 33614

81 Name Delgado, Sigfredo
82 Street Address (P.O. Box Number is Not Acceptable)
8639 N. Himes Ave
83 APT 1902
84 City TAMPA
85 Zip Code FL 33614

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 of the principal officer or director of the corporation and the registered agent.

(NOTE: Registered Agent signature required when reinstating)

11/15/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DELGADO, SIGFREDO E	8639 N. HIMES AVENUE, APT. 1902	TAMPA FL 33614
VP	DEGALDO, RHONDA	8639 N. HIMES AVENUE, APT. 1902	TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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 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 registered agent 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

11/15/96 813 2642990
Date Daytime Phone #

CR2E034 (12/95)