FILE NOW: FILING FEE / PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sendra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 11 1998 8:00ar Secretary of State		
F&S	DELUXE CLEANERS, INC.	0066848 (1) Malling Address				
incipal Place of Business 13027 NW 7TH AVE MIAMI FL 33168		13027 NW 7TH AVE MIAMI FL 33168		DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualified 09/20/1993 		
Principal Pl	ace of Business	28. Mailing Address		4. FEI Number		ed For pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	58.75 Add	litional
City & State	9	27 City & State		6. Election Campaign Financing	Fee Requi	
žip	Country	28 Zip	Country	Trust Fund Contribution 6. This corporation owes or has pale	d the current year Intang	
	25 9. Name and Address of Curre	29 nt Begistered Agent	30	Personal Property Tax due June 3 10. Name and Address of New Reg		10
616	HTAKER, THOMASINA BO SW 68TH ST AMI FL 33143			fress (P.O. Box Number is Not Acceptabl	le)	
B10 MJ Pursuant I office or re agent. I ar	80 SW 68TH ST Ami Fl 33143	02 and 607, 1508, Florida Statut e of Florida Such chango was a ptions of, Section 607,0505, Flo	83 84 City	fress (P.O. Box Number is Not Acceptabl poration submits this statement for the pu ation's board of directors. I hereby accept	FL 85 Zip Cod	
B10 ML/ Pursuant I office or ro agent. I an	BO SW 68TH ST AMI FL 33143 to the provisions of Sections 607.05(egistered agent, or both, in the State m familiar with, and accept the oblig Signature, hyped or proled none of registered ag	Kitalen (NOTi	B4 City B4 City es, the above-named cor authorized by the corpore orida Statutes. E Begistered Apent signature requ	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL B5 Zip Cod urpose of changing its re t the appointment as reg	gistered jistered
810 MU Pursuant I office or re agent. I ar NATURE	BO SW 68TH ST AMI FL 33143 to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS AN	KitaRen	B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. F. Registered Apent signature requ 13. 1.1 TILLE	poration submits this statement for the pu ation's board of directors. I hereby accept	FL B5 Zip Cod urpose of changing its re t the appointment as reg L/29/98 ERS AND DIRECTORS IN	egistered pistered N 12
811 MI/ Pursuant I office or rr agent. I ar NATURE	BO SW 68TH ST AMI FL 33143 to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS AN OP VAN TUYLE, FRANK S 20225 NE 12TH AVENUE	Kita Ren ent and tille if applicable (NOTI ID DIRECTORS	B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. E Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL B5 Zip Cod urpose of changing its re t the appointment as reg L/29/98 ERS AND DIRECTORS IN	egistered
611 MI/ Pursuant I office or rr agent. I ar NATURE ST ADDRESS ST-ZP	BO SW 68TH ST AMI FL 33143 Io the provisions of Sections 607.050 egistered agent, or both, in the State manufar with, and accept the oblig Signature, typed or predent nome of registered ag OFFICERS AN OP VAN TUYLE, FRANK S 20225 NE 12TH AVENUE MIAMI FL ST	Kita Ren ent and tille if applicable (NOTI ID DIRECTORS	B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL 85 Zip Cod urpose of changing its re t the appointment as reg 2/29/98 ERS AND DIRECTORS IF Change	ogistered gistored N 12 Addition
611 MI/ Pursuant I office or rr agent. I ar NATURE T ADORESS ST-2P T ADORESS	BO SW 68TH ST AMI FL 33143 Io the provisions of Sections 607.050 egistered agent, or both, in the State manufar with, and accept the oblig Signature, typed or printed name of registered ag OFFICE RS AN OP VAN TUYLE, FRANK S 20225 NE 12TH AVENUE MIAMI FL ST VAN TUYL, SONIA 20225 NE 12TH AVENUE	ID DIRECTORS	B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. Begistered Agent signature requ 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL 85 Zip Cod urpose of changing its re t the appointment as reg 2/29/98 ERS AND DIRECTORS IF Change	ogistered gistored N 12 Addition
611 MI/ Pursuant I office or rr agent. I au NATURE IT ADDRESS ST-ZP	BO SW 68TH ST AMI FL 33143 Io the provisions of Sections 607.050 egistered agent, or both, in the State manufar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS AN OP VAN TUYLE, FRANK S 20225 NE 12TH AVENUE MIAMI FL ST VAN TUYL, SONIA	ID DIRECTORS	B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. Begistered Agent signature requ 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL B5 Zip Cod urpose of changing its reg the appointment as reg L/29/98 DATE ERS AND DIRECTORS IF Change Change	egistered jistered N 12 Addition
611 MI/ Pursuant I office or rr agent. I ar NATURE T ADORESS ST-2P T ADORESS ST-2P	BO SW 68TH ST AMI FL 33143 Io the provisions of Sections 607.050 egistered agent, or both, in the State manufar with, and accept the oblig Signature, typed or printed name of registered ag OFFICE RS AN OP VAN TUYLE, FRANK S 20225 NE 12TH AVENUE MIAMI FL ST VAN TUYL, SONIA 20225 NE 12TH AVENUE		B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. Begistered Apent signature requ 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL B5 Zip Cod urpose of changing its reg the appointment as reg 29/29/98 DATE ERS AND DIRECTORS IF Change Change	egistered jistered N 12 Addition
611 MI/ Pursuant I office or m agent. I an NATURE T ADDRESS ST-2P T ADDRESS	BO SW 68TH ST AMI FL 33143 Io the provisions of Sections 607.050 egistered agent, or both, in the State manufar with, and accept the oblig Signature, typed or printed name of registered ag OFFICE RS AN OP VAN TUYLE, FRANK S 20225 NE 12TH AVENUE MIAMI FL ST VAN TUYL, SONIA 20225 NE 12TH AVENUE		B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. E: Registered Agent signature requ 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL B5 Zip Cod urpose of changing its reg the appointment as reg 29/29/98 DATE ERS AND DIRECTORS IF Change Change	ogistered distored
611 MI/ Pursuant I office or m agent. I an NATURE IT ADDRESS ST-ZP IT ADDRESS ST-ZP	BO SW 68TH ST AMI FL 33143 Io the provisions of Sections 607.050 egistered agent, or both, in the State manufar with, and accept the oblig Signature, typed or printed name of registered ag OFFICE RS AN OP VAN TUYLE, FRANK S 20225 NE 12TH AVENUE MIAMI FL ST VAN TUYL, SONIA 20225 NE 12TH AVENUE		B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. F. Registered Apent signature requ 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL B5 Zip Cod urpose of changing its reg 1 the appointment as reg 1 DATE 9 9 ERS AND DIRECTORS IF 1 Change 1 Change 1 Change 1 Change 1	Addition
611 MI/ Pursuant I office or rr agent. I ar NATURE T ADORESS ST-2IP T ADORESS ST-2IP T ADORESS ST-2IP	BO SW 68TH ST AMI FL 33143 Io the provisions of Sections 607.050 egistered agent, or both, in the State manufar with, and accept the oblig Signature, typed or printed name of registered ag OFFICE RS AN OP VAN TUYLE, FRANK S 20225 NE 12TH AVENUE MIAMI FL ST VAN TUYL, SONIA 20225 NE 12TH AVENUE		B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. Begistered Agent signature requ 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL B5 Zip Cod urpose of changing its reg 1 the appointment as reg 1 DATE 9 9 ERS AND DIRECTORS IF 1 Change 1 Change 1 Change 1 Change 1	Addition
611 MI/ Pursuant I office or m agent. I an NATURE IT ADDRESS ST-ZP IT ADDRESS ST-ZP IT ADDRESS ST-ZP IT ADDRESS	BO SW 68TH ST AMI FL 33143 Io the provisions of Sections 607.050 egistered agent, or both, in the State manufar with, and accept the oblig Signature, typed or printed name of registered ag OFFICE RS AN OP VAN TUYLE, FRANK S 20225 NE 12TH AVENUE MIAMI FL ST VAN TUYL, SONIA 20225 NE 12TH AVENUE	ID DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. Begistered Agent aignature requ 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL B5 Zip Cod urpose of changing its reg Ite appointment as reg Unate /29 /9 8 Change Ite appointment as reg Image Image Image Image <t< td=""><td>Addition</td></t<>	Addition
611 MI/ Pursuant I office or m agent. L au NATURE IT ADDRESS ST-ZP T ADDRESS ST-ZP T ADDRESS ST-ZP T ADDRESS ST-ZP	BO SW 68TH ST AMI FL 33143 Io the provisions of Sections 607.050 egistered agent, or both, in the State manufar with, and accept the oblig Signature, typed or printed name of registered ag OFFICE RS AN OP VAN TUYLE, FRANK S 20225 NE 12TH AVENUE MIAMI FL ST VAN TUYL, SONIA 20225 NE 12TH AVENUE		B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. Fegistered Apent signature requ 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL B5 Zip Cod urpose of changing its reg Ite appointment as reg Unate /29 /9 8 Change Ite appointment as reg Image Image Image Image <t< td=""><td>Addition</td></t<>	Addition
610 MJ Pursuant I office or rr agent. I ar NATURE	BO SW 68TH ST AMI FL 33143 Io the provisions of Sections 607.050 egistered agent, or both, in the State manufar with, and accept the oblig Signature, typed or printed name of registered ag OFFICE RS AN OP VAN TUYLE, FRANK S 20225 NE 12TH AVENUE MIAMI FL ST VAN TUYL, SONIA 20225 NE 12TH AVENUE	ID DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	B3 B4 City es, the above-named cor authorized by the corpore orida Statutes. Fegistered Apent signature requ 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	poration submits this statement for the pution's board of directors. I hereby accept ired when reinstating)	FL B5 Zip Cod urpose of changing its reg Ite appointment as reg Unate /29 /9 8 ERS AND DIRECTORS If Change Change Change Change Change Change Change Change	Addition

· · · · · · · · · · · ·