SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P93000088774 (3) SHOP & WASH AND DETAILING OF TOWN AND COUNTRY. I NC. Mailing Address Principal Place of Business 9790 S DIXIE HWY 9790 S DIXIE HWY MIAMI FL 33156 MIAMI FL 33156 3a. Date of Last Report Date Incorporated or Qualified 08/24/1995 12/29/1993 Applied For 4. FEI Number 2a. Mailing Address Principal Place of Business Not Applicable 65-0457925 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for inta tgible tax under s. 199 032. Country $Z_{\rm IP}$ Zip Country Yes 🔲 No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GREENBERG, CRAIG Street Address (P.O. Box Number is No: Acceptable) 82 11239 SW 114TH LANE CIRCLE **MIAMI FL 33176** 83 85 73186 84 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 Horida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Mimmi SIGNATURE (NOTE Registered Agent agrature required when renetating) (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE DP TITLE CR2E034 GREENBERG, CRAIG 1.2 NAME NAME 1705 SW 107th TEM 11239 SW 114TH LANE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** 1.4 CITY - ST - ZIP CITY - ST - ZIP Change DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHTY - S1 - 70F CITY - ST- ZIP Charige Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CitY - ST - ZIP CITY - ST - ZIP Change Addition 4 1 HILE DELETE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 5.1 THLE TITLE 5.2 NAME 5.3 STHEET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 THLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIF 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 trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appropriate in Blood 2 or Blook 13 if chapted on one anatysement with an address. 2 or Block 13 if changed, or on an attachment with an address

INTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/46 (305/670-0233

that my name appears in

SIGNATURE: