## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000027812 (4)

MIAMI DRY CLEANERS INC.

8410 W. FLAGLER ST.

Principal Place of Business

Mailing Address

8410 W. FLAGLER ST. MIAMI FL 33144-2092

## FILED Jan 22 1997 8:00am Secretary of State



MIAMI FL 3314	1	MIAMI FL 33144-2092							
						te of Last Report 18/1996			
	lace of Business	2a. Mailing Address			4. FEI Number	- <del></del>	Ар	plied For	
	1 Day cleaners, truc	26			65-0486521		No	t Applicable	
Suite, Apt 22 るいキ	Suite. Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	0	City & State			6. Election Campaign Financing		\$5.00	May Be	
23 May	11 F1	28			Trust Fund Contribution		Added to	o Fees	
Z <sub>i</sub> p	Country	Zip	$\vdash$	intry	8. This corporation has liability for			199.032.	
24 3314		29	30	<del></del>		Yes 🔲 N			
041	9. Name and Address of Current	Hegistered Agent		81 Name	10. Name and Address of New Re	gistered Age	nt		
	MREZ, RICK				AMISCZ, KICK				
	) WEST FLAGLER ST.			82 Street Add	lress (P.O. Box Number is Not Acceptat	ıle)			
MA	MI FL 33144			83	145 101 × 103	<del>-</del>			
				94	10 West Flagle	te re			
				84 City		<b></b> , 8	5 Zip (	Code	
		1007.1003.61			lami	<u> </u>	13:	3144	
11. Pursuant office or r	to the provisions of Sections 607 0502. registered agent, or both, in the State of	and 607 1508, Florida Statut f Florida. Such change was i	tes, the a authorize	bove-named corp d by the corpora	poration submits this statement for the partion's board of directors. I hereby accept	ourpose of cha of the appoint	ang≀ng iti .ment as	s registered registered	
agerit La	m fame ar with, and accept the obligati	aris of, Section 607.0505, Fl	orida Sta	tutes.	·	,,		•	
SIGNATURE	<u></u>					DATE	<del></del>		
12.	Stjuature type for prosed raine of registrocologie m OFFICERS AND		13.	d Agent signature requi	ADDITIONS/CHANGES TO OFFIC	******	DECTOR	S IN 12	
TIBLE	PSTD	DELETE	1,1 (	TIF	ADDITIONO/CITATULES TO CITAL	******	Change	Addition	
NAME	RAMIREZ, RICK		1.2 N						
STREET ADDRESS	8410 W. FLAGLER ST. #101-102	2		TREET ADDRESS					
CITY - ST - ZIP	MIAMI FL 33144			ITY-ST-ZIP					
TITLE		DELETE	217				Change	Additio	
NAME		_	22 N						
STREET ADDRESS				TREET ADDRESS					
CITY - ST - ZIP	ì			CITY-ST-ZIP					
TITLE		DELETE	3 1 T				Change	Addition	
NAME			32 N	AME			-		
STREET ADDRESS			338	TREET ADDRESS					
CITY-ST-Z-P			1	CITY - ST - ZIP					
TITLE		DELETE	417				Change	Addition	
NAME			4.2	NAME	I.				
STREET ADDRESS			4.3 \$	TREET ADDRESS					
CITY-ST-ZiP			4.4 0	ITY - ST - ZIP					
TITLE		DELETE	5.1 1	ITLE			Change	Addition	
NAME			5 2 N	AME					
STREET ADDRESS			5.3 9	TREET ADDRESS					
City St ZiP			5.4 (	ITY-ST-ZIP					
TITLE		DELETE	6.1 I	ITLE			Change	Additio	
NAME			6.21	AME					
STREET ACCIDESS			6.3 5	TREET ADDRESS					
City - ST - ZiP			640	ITY-ST-ZIP					

14. I do hereby certify that the information supplies 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: Pt S. Pt Vicardo S. Rawice Tan 13,1997 (305)221-0585