FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000043599 (7)**

1. Corporate Name
MAGIC TOUCH CLEANERS, INC.

Principal Place of Business	Mailing Address
9917 PINES BLVD. **PEMBROKE PINES FL 33024**	**9917 PINES BLVD.** **PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1994** | 3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: | County — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: | County — 30:

4. FEI Number: 65-0497539 ☐ 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. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes:* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LAZARUS, DAVID M
1915 GRIFFIN ROAD
SUITE 408
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name: VADIM TKACH
82 Street Address (P.O. Box Number is Not Acceptable):
83: 9917 Pines Blvd
84 City: Pembroke Pines **FL** 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 607.0502 and/or 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: X Vadim Tkach Pres
(Typed or printed name of registered agent and title if agent is corporation) (If agent is corporation, agent must designate officer or director)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
01 TITLE: PT 02 NAME: VADIM TKACH 03 STREET ADDRESS: 9917 Pines Blvd 04 CITY-ST-ZIP: Pembroke Pines, FL 33024	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I/We 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)(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 above, or on an attachment with an address.

SIGNATURE: X Vadim Tkach Pres 4/28/95 (305) 346-7288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0097022 CP