SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:45

DOCUMENT # **P94000064915 (9)**

1. Corporation Name

CONCORD HAND CLEANERS & SUPPLIES, INC.

Principal Place of Business	Mailing Address
11333 SW 160 PL **MIAMI FL 33196**	**11333 SW 160 PL** **MIAMI FL 33196**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/01/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 65-0523753 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
8. This corporation has [illegible] Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JIMENEZ, MONICA
11333 SW 160 PL
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name
82 [illegible] (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 [illegible] (All)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JIMENEZ, MONICA
STREET ADDRESS	11333 SW 160 PL
CITY ST ZIP	MIAMI FL 33196

13. [illegible] ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is complete, accurate 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 if changed, or on an attachment with an address.

SIGNATURE: Monica Jimenez MONICA JIMENEZ 6/21/95 305-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone #)

CR2E034 (3/95)

0070000 CP