

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION
SECRETARY OF STATE
OFFICE OF CORPORATIONS

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

DOCUMENT # P94000066507 (2)

95 MAY -1 PM 1:33

LORENZ CLEANERS, INC.

1659 DREXEL AVE
MIAMI BEACH FL

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MIAMI BEACH FL

3. Date of incorporation or organization 09/09/1994	3a. Jurisdiction of incorporation FL
4. FIC Number 65-0530836	Applicable Not Applicable
5. Certificate of Status (Required) ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for adoption of Chapter 20, Florida Statutes. Florida Statutes: ☒ Yes ☐ No	

2. Principal Office of the Corporation 21. State Apt. # etc. 22. City & State 23. City & State 24. City & State	2a. Mailing Address 26. State Apt. # etc. 27. City & State 28. City & State 29. City & State
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9. Name and Address of Current Registered Agent FELDMAN, DAVID ESO 407 LINCOLN RD PH NE MIAMI BEACH FL 33139	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City
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10. Name and Address of New Registered Agent 85. Zip Code FL
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11. Pursuant to the provisions of the laws of the State of Florida, 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. The change was authorized by the corporation's board of directors, thereby, accept this appointment as registered agent. I am hereby accepting the appointment as registered agent for the State of Florida.

Signature

Signature of Agent (if different from above)

12. OFFICERS AND DIRECTORS	
NAME	DPT RAJIC, LORENZA
STREET ADDRESS	1659 DREXEL AVE
CITY & STATE	MIAMI BEACH FL
NAME	DVS RAJIC, MATO
STREET ADDRESS	1659 DREXEL AVE
CITY & STATE	MIAMI BEACH FL
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Addition
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NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and correct and equally for the information stated in Sections 2001-2002, Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my signature were on the original document. If this corporation is the subject of a proceeding commenced to rescind this report as required by Chapter 20, Florida Statutes, and that my name appears in Block 12 of this report, I will accept no action against myself or my address.

SIGNATURE: *Lorenza Rajic*
MONITOR AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORENZA RAJIC

REMITTED BY MAY 1

4/21/95 305-5328651