

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 17 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080816 (9)

1. Corporation Name

F & A COIN LAUNDRY, INC.

Principal Place of Business

5356 W 16TH AVE
HALEAH FL 33012

Mailing Address

5356 W 16TH AVE
HALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1994

3a. Date of Last Report

2. Principal Place of Business

21. 5366 W. 16 Ave.

2a. Mailing Address

26. 5366 W. 16 Ave.

4. FCI Number

65-0532845

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$3.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMACHO, FELIX
801 NW 25 AVE
MIAMI FL 33125

10. Name and Address of New Registered Agent

81. Name

82. Street Address (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

Signature of person (State of registered agent and officer) with title

Signature of registered agent (signature must be on separate document)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	CAMACHO, FELIX
STREET ADDRESS	801 NW 25 AVE
CITY, ST, ZIP	MIAMI FL 33125
TITLE	DVS
NAME	CAMACHO, ANA I
STREET ADDRESS	801 NW 25 AVE
CITY, ST, ZIP	MIAMI FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 193.032 and 193.033, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make me liable only if I am an officer or director of the corporation or the receiver or liquidator empowered to receive this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or in an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELIX CAMACHO, PRES.

(201) 558-3202

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**CORPORATION
ANNUAL REPORT:
1995**



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

DOCUMENT # P94000081247
1. Corporation Name

INTERNATIONAL CINEMA EQUIPMENT COMPANY

Principal Place of Business
100 N.W. 39th Street.
Miami, FL 33137

Mailing Address
100 N.W. 39th Street
Miami, FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/04/94 3a. Date of Last Report n/a

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Pasternack, Marshall R.
1221 Brickell Avenue
Suite 2100
Miami, FL 33131

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

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 for 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

3/21/95

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

Steven H. Krams

STREET ADDRESS

100 N.E. 39th Street

CITY - ST - ZIP

Miami, FL 33137

1.1 TITLE

D/P/S/T

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

100 N.W. 39th Street

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

100001438791
-03/27/95--01002--014

4.1 TITLE

***200.00 ***200.00 Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

3/24/95 HST

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 110.07(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 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

STEVEN H. KRAMS, President

DATE

Signature/Name