

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000083981 (8)**

1. Corporation Name

**WASH TIME, INC.**



Principal Place of Business

**8051 NW 67 ST  
MIAMI FL 33166**

Mailing Address

**8051 NW 67 ST  
MIAMI FL 33166**

3. Date Incorporated or Qualified  
**11/17/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **14681 SW 104 ST**

2a. Mailing Address

26 **14681 SW 104 ST**

4. FEI Number

**65-0542489**

Applied For  
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

23 **MIAMI FL**

City & State

28 **MIAMI FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip **33186**

Country

24

Zip **33186**

Country

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KONDLA, RICHARD F  
4960 S.W. 72 AVE., SUITE 204  
MIAMI FL 33155**

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, typed or printed name of registered agent and block 4 filled in.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **PEDROLETTI, CHARLES**  
STREET ADDRESS **8051 NW 67 ST**  
CITY-ST-ZIP **MIAMI FL 33166** *address change*

TITLE **VP** ☒ DELETE  
NAME **DEL VENTO, SERGIO**  
STREET ADDRESS **8051 NW 67TH STREET**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **PEDROLETTI, CHARLES**  
1.3 STREET ADDRESS **9420 SW 140 ST**  
1.4 CITY-ST-ZIP **MIAMI FL 33176**

2.1 TITLE **VP** ☐ Change ☒ Addition  
2.2 NAME **JESUS R SANTOS**  
2.3 STREET ADDRESS **4500 SW 67 AVE #6**  
2.4 CITY-ST-ZIP **MIAMI FL 33155**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ 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

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 119.07(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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres.**

**4/15/1996**

**(305)380-0055**

Date

Daytime Phone #

CR2E034 (12/95)