FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400093101 (1)

KALED	CLEANERS, INC.					. 1818: † 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818	
Principal Place of Business Mailing Address					F INDEIDUL LID INTEL DINE MARIE DEITE ANREY MARI	a inina iliki likil khini ilki laki	
9525 SW 72ND 8T MIAMI FL 33173		9525 SW 72ND ST MIAMI FL 33173		DO NOT WRITE IN T	HIS SPACE		
<u> </u>					3. Date Incorporated or Qualified		
2. Principal F	Place of Business	2a. Mailing Address	·	 _	12/27/1994 4. FEI Number	Applied For	
21 28					65-0541792	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25		Country 30		This corporation owes or has paid the Personal Property Tax due June 30.	Yes X No	
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Register	red Agent	
RODRIGUEZ, EDDY T				Name			
Ç 9525 SW 72ND ST Miami Fl 33173			82	82 Street Address (P.O. Box Number is Not Acceptable) 83			
			83				
			84	City		85 Zip Code	
11. Pursuant office or agent. I a		Gresigeo 1			orporation submits this statement for the purpor ration's board of directors. I hereby accept the	70	
12.		ions and title if applicable V(NOTE: I ID DIRECTORS	13.	nt signature req	auked when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS		
TITLE	P (/	DELETE	1.1 TITLE			Change Addition	
NAME	RODRIQUEZ, EDDY	-	1.2 NAME			• —	
STREET ADDRESS	8041 SW 134 AVE		1.3 STREET /	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST	- ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE			Change Addition	
NAME	110011100001111111101		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL	DELETE	2.4 CITY - ST	T-ZIP		Change Addition	
TITLE	1	טבנבונ	3.1 TITLE	1		Change Addition	

6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing 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 minual 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 together of 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 attriction of the corporation of the corpor

6.1 TITLE

6.2 NAME

3.2 NAME

4.1 TITLE

4. 2 NAME

5,1 TITLE 5,2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4, CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

TITLE

NAME

03/12/98 (305) 271-4400

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 01 1998 8:00am

Secretary of State