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May 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058423

1. Corporation Name

TOMMY CLEANERS, CORP.

Principal Place of Business

8150 S.W. 8th ST.
MIAMI FL 33144

Mailing Address

8150 S.W. 8th ST.
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1995

4. FEI Number

65-0600901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIDALGO, TOMAS
1900 W. 54 ST., # 319
HIALEAH FL 33012

81 Name

Hidalgo, Tomas

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

9796 NW 127 St

83

84 City

HIALEAH

FL

85 Zip Code
33018

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HIDALGO, TOMAS
STREET ADDRESS 1900 W. 54 ST. # 319
CITY-ST-ZIP HIALEAH FL 33012

1.1 TITLE DP
1.2 NAME Hidalgo, Tomas
1.3 STREET ADDRESS 9796 NW 127 St
1.4 CITY-ST-ZIP HIALEAH, FL 33018

TITLE DST
NAME HIDALGO, MARIA C
STREET ADDRESS 1900 W. 54 ST., # 319
CITY-ST-ZIP HIALEAH FL 33012

2.1 TITLE DST
2.2 NAME Hidalgo, Maria C
2.3 STREET ADDRESS 9796 NW 127 St
2.4 CITY-ST-ZIP HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE OF TOMAS HIDALGO

DATE

4/27/99

DAYTIME PHONE #

305-262-9536

CR2E034 (11/98)