

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 # P95000091937 (9)

1. Corporation Name
MILLER SQUARE CLEANERS, INC.



Principal Place of Business: 9705 SW 95TH AVENUE MIAMI FL 33176
Mailing Address: 9705 SW 95TH AVENUE MIAMI FL 33176

3. Date incorporated or Qualified: 12/04/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0626775
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 has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

2. Principal Place of Business: 21 13706 S.W. 56 STREET
22 Suite, Apt. #, etc.: [Blank]
23 City & State: MIAMI, Florida
24 Zip: 33175
25 Country: USA
26a. Mailing Address: 26 13706 SW 56 ST
27 Suite, Apt. #, etc.: [Blank]
28 City & State: MIAMI, FL
29 Zip: 33175
30 Country: USA

9. Name and Address of Current Registered Agent
ZAFAR, SYED
9705 SW 95TH AVENUE
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank]
85 Zip Code: FL [Blank]

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]* DATE: 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	PT	DELETED
NAME	ZAFAR, SYED	
STREET ADDRESS	9705 SW 95TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	V	DELETED
NAME	LAKHANI, MUHAMMAD	
STREET ADDRESS	9705 SW 95TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	DELETED
NAME	ZAFAR, KHURSHEED	
STREET ADDRESS	9705 SW 95TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	[Blank]	DELETED
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE	[Blank]	DELETED
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE	[Blank]	DELETED
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[Blank]	Change	Addition
1.2 NAME	[Blank]		
1.3 STREET ADDRESS	[Blank]		
1.4 CITY-ST-ZIP	[Blank]		
2.1 TITLE	[Blank]	Change	Addition
2.2 NAME	[Blank]		
2.3 STREET ADDRESS	[Blank]		
2.4 CITY-ST-ZIP	[Blank]		
3.1 TITLE	[Blank]	Change	Addition
3.2 NAME	[Blank]		
3.3 STREET ADDRESS	[Blank]		
3.4 CITY-ST-ZIP	[Blank]		
4.1 TITLE	[Blank]	Change	Addition
4.2 NAME	[Blank]		
4.3 STREET ADDRESS	[Blank]		
4.4 CITY-ST-ZIP	[Blank]		
5.1 TITLE	[Blank]	Change	Addition
5.2 NAME	[Blank]		
5.3 STREET ADDRESS	[Blank]		
5.4 CITY-ST-ZIP	[Blank]		
6.1 TITLE	[Blank]	Change	Addition
6.2 NAME	[Blank]		
6.3 STREET ADDRESS	[Blank]		
6.4 CITY-ST-ZIP	[Blank]		

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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/30/96 DAYTIME PHONE #: (305) 386-4700

CR2E034 (12/95)