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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003274

1. Corporation Name

DONATO DRY CLEANERS,		
Principal Place of Business	Mailing Address	1 155:105
9666 NW 25TH ST. MIAMI FL 33172	9666 NW 25TH ST. MIAMI FL 33172	
		3. Date Incorpo
		01/10/199
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21	26	65-06736
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of
City & State	City & State	6. Election Car
23	28	Trust Fund (
Zip Country	⊢ ' ┌	Country 8. This corporal Personal Pro
24 25	29 30 s of Current Registered Agent	10, Name and
9, Name and Addres	s of Guiteric registered Agent	81 Name

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90129 037 ***150.00



_										
Principal Place	e of Business	Mai	ling Address				(100/100) 110 / 11/10 (11/1/ 10/1/ 10/1/	(11 0011)		
9666 NW 25TH ST.		9666	9666 NW 25TH ST.							
		AMI FL 33172				DO NOT WRITE IN THIS SPACE				
						ŀ	3 Date Incorporated or Qualifed	12 114 11313	3FAUL_	
	 		Marilla - Address				01/10/1996 4. FEI Number		Δn	plied For
2. Principal P	lace of Business	— <u>—</u> —	Mailing Address						⊢	ot Applicable
21	# -1-	26	Suite, Apt. #, etc.				65-0673650		\$8.75	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				Certificate of Status Desired		Fee Re	1
22		27	City & State				a Flactice Compaign Financing		\$5.00	· -
City & State	e	\vdash	Oily a State				6. Election Campaign Financing Trust Fund Contribution		Added t	
23	Country	28		Coun	itrv		8. This corporation owes the curr	ent vear In		
Zip		29	· ·	30	,		Personal Property Tax.	oni your in	Yes	□No
24	25] 9. Name and Address of Curr			301			10. Name and Address of New F	Registered	Agent	• • • • • • • • • • • • • • • • • • • •
	g, Harrie and Address of Odif	one region	ored Agen		81	Name				
CAR	ACCIA, DONATO									
	NW 25ST				82	Street Addres	ss (P.O. Box Number is Not Accepta	able)		
	/II FL 33172			1	83					
eene u				[N 17+	_		}
					84	City	//	FL	85 Zip (Code
44 Quequant	to the dryisions of Section 607	503 and 60	7 1508 Florida Statute	s the ab	ove-r	named corpor	ation submits this statement for the	purpose of	changing its	registered
office or r	egistered agent, o/both, in the Sta	te of Florida	a. Such change was at	ıthorized	by th	e corporation	ation submits this statement for the 's board of directors. I hereby accept	ot the appo	intment as re	gistered
agent. I a		dations of,	Section 607.0505, Flor	เดล Statu	ies.			- 11	2/99	
SIGNATURE	Signatore, typed or printed name of registered as	gent and title if	applicable /NOTE:	Registered A	agent s	signature required v	when reinstating)	DATE	<u> </u>	
12.	OFRICERS			13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	ORS IN 12
TITLE	PD		☐ DELETE	1.1 TITL	.E				Change	☐ Addition
NAME	CARACCIA, DONATO			1.2 NAM	ИE					ſ
STREET ADDRESS	9666 NW 25TH ST.			13 STR	REETAL	DDRESS				
	MIAMI FL 33172			1.4 CIT		ļ.				}
CITY-ST-ZIP TITLE	TD		☐ DELETE	2.1 TITL					Change	Addition
NAME	CARACCIA, ANA R			2.2 NA						l
	9666 NW 25TH ST.			1		DORESS				•
STREET ADDRESS	-			2.4 CIT						- [
CITY-ST-ZIP TITLE	MIAMI FL 33172		☐ DELETE	3,1 1111			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME	CARACCIA, MARIA C			3.2 NA						
STREET ADDRESS	OT					DDRESS				
				3.4. CIT						
CITY-ST-ZIP TITLE	MIAMI FL 33172 VD		☐ DELETE	4.1 T/TL				_	☐ Change	☐ Addition
	·-		,	4. 2 NA						Į
NAME STREET ADDRESS	Garza, Lucia r 9666 NW 25TH ST.			1		DORESS				
	I .									
CITY-ST-ZIP TITLE	MIAMI FL 33172		☐ DELETE	4.4 CIT 5.1 TITL		LIT			Change	Addition
	VD CALIDA MANICY B			5.2 NAM					_ •	_
NAME	CALIPA, NANCY B					DDRESS				
STREET ADDRESS				5.4 CIT		ĭ				}
CITY-ST-ZIP	MIAMI FL 33172		☐ DELETE	6.1 1711				_	Change	Addition
TITLE			occ.;c	6.2 NA						
NAME				1		DORESS				
STREET ADDRESS	I			0.5 0 11						ł

14. I hereby certify that the information supplied with this filling 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 of 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #