

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

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000079362 (5)

1. Corporation Name
JENIFFER'S COIN LAUNDRY, CORP.

5909-A W 16 AVE
HIALEAH FL 33012

Mailing Address
5909-A W 16 AVE
HIALEAH FL 33012-6813



3. Date Incorporated or Qualified 09/23/1996		3a. Date of Last Report	
4. FEI Number 65-6219021		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 has liability for intangible tax under s. 199.03, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent MONTERREY, MARIA A 5909-A W 16 AVE HIALEAH FL 33012		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. State		86. Zip Code	

I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the above information is true and correct, and that the corporation is in compliance with the provisions of Section 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: MONTERREY, MARIA A		1.1 TITLE	
STREET ADDRESS: 9774 NW 27 TER		1.2 NAME	
CITY-STATE-ZIP: MIAMI FL 33172		1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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***165.00

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 contained 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. I am the duly authorized 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, foregoing, or on an attachment with an address.

SIGNATURE: *Maria A Monterrey* Maria A MONTERREY (307) 55727
DATE: 05/07/97