
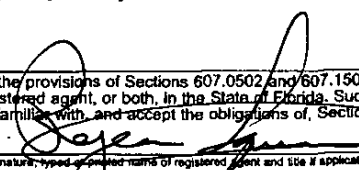


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90071 017 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000085967 OK 1. Corporation Name MONA LISA COIN LAUNDRY #1, INC.			
Principal Place of Business 13889 W. DIXIE HWY. N. MIAMI BEACH, FL.		Mailing Address 637 S.W. 4TH ST. HALLANDALE, FL. 33009	
3. Date Incorporated or Qualified 10/17/96			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 637 S.W. 4th STREET	65-0732083	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28 HALLANDALE, FL. 33009		
Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	29 33009	30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RONALD L. DAVIS 1550 N.E. MIAMI GARDENS DR. STE. #407 N. MIAMI BEACH, FL. 33179		81 Name REJEAN LAPIERRE 82 Street Address (P.O. Box Number is Not Acceptable) 7800 W. OAKLAND PARK BLVD. 83 BLDG. "G" 84 City SUNRISE FL 85 Zip Code 33351	
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		DATE	
		REJEAN LAPIERRE 3/31/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MAROUN, SABA <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD PROULX, MARCEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1014 ADAMS STREET	1.2 NAME	637 S.W. 4th STREET
STREET ADDRESS	HOLLYWOOD, FL.	1.3 STREET ADDRESS	HALLANDALE, FL. 33009
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	2.2 NAME	FORTIN, PAULINE
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	637 S.W. 4th STREET
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	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:  **23 FEB 99** **954-457-3880**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)