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

CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000018568 (0)

SALA	s family cleaners, inc							
Principal Place of Business Mailing Address					PEGE 1101 19919 GATHE LEVEL 19001 19040 BATHE BATHE WITH GAT WITH GAT HEREIGHT !			
13607 COR MIAMI FL S		13607 CORAL WAY MIAMI FL 33175			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 02/27/1997			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For			
21		26			65-0733734 Not Applica			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country 25	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent				
SALAS, JUAN CARLOS					1 Name			
13607 CORAL WAY MIAMI FL 33175				82	Street Address (P.O. Box Number is Not Acceptable)			
	in milit in Adria		ſ	83	3			
}			İ	84	4 City FL 85 Zip Code			
11. Pursuan	t to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the at	DOVE	we-named corporation submits this statement for the purpose of changing its register			

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)  DATE											
12.	Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS	(NOTE: R	egistered Agent signature	required when revistating) DATE ADDITIONS/CHANGES TO OFFICERS AT		S IN 12					
TITLE		ELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICEAS A	Change	Addition					
NAME	_	LLLIC	1.2 NAME								
1 1	SALAS, YILDRET C										
STREET ADDRESS	13607 CORAL WAY		1.3 STREET ADORESS								
CITY-ST-ZIP	MIAMI FL 33175	FLETC	1.4 CITY-ST-ZIP		Change	Addition					
TITLE	_	ELETE	2.1 TITLE	<b>i</b> ,	☐ Change	Addition					
HAME	SALAS, JUAN CARLOS		2.2 NAME								
STREET ADDRESS	13607 CORAL WAY		2.3 STREET ADDRESS			į					
CITY-ST-ZIP	MIAMI FL 33175		2. 4 CITY-ST-ZIP								
TITLE	Di Di	ELETE	3.1 T(TLE		Change	☐ Addition					
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY-ST-ZIP								
TITLE	DI	ELETE	4.1 TITLE		☐ Change	☐ Addition					
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-S1-ZIP			4.4 CITY - ST - ZIP								
TITLE	DI DI	ELETE	5.1 TITLE		☐ Change	☐ Addition					
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE	DI	ELETE	6.1 TITLE		☐ Change	Addition					
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			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 lirue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the roceivage or trustees in powered 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 attentiment with an address.

SIGNATURE:

**FILED** 

May 07 1998 8:00am

Secretary of State