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 # 1. Corporation Name P97000034207

SUPER WASH U.S.A., INC.

<u> </u>	
Principal Place of Business	Mailing Address
4245 N STATE RD #7	4245 N STATE R
LAUDERDALE LAKES EL 33319	LAUDERDALE LA

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90087 026 ***150.00



Principal Place of Business Mailing Address				l 1801/581 (19 1814) 1881/ 08/(1 08/1/ 68/10 68/1/ 68/10 11/1/ 61/1/ 61/1/		
4245 N STATE RD #7 LAUDERDALE LAKES FL 33319 4245 N STATE RD #7 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319		ri 9		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed
2 Principal P	lace of Business	2a. Mailing Add	ess			04/15/1997 4. FEI Number Applied For
21	lace of business	26				65-0755846 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #	, etc.			\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
	City & State City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip Cour		Country		8. This corporation owes the current year Intangible
24	25	29	30	l		Personal Property Tax. Yes No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent
	NO 1457 T			81	Name	
	NG, VIET T			82	Street A	Address (P.O. Box Number is Not Acceptable)
	S N STATE RD #7 DERDALE LAKES FL 33319			83		
LAUI	DENDALE LAKES FL 35319			55		
				84	City	FL 85 Zip Code
11 Dumuant	to the province of Sections 607.05	02 and 607 1508. Flor	ida Statutes 1	the above	e-named o	t corporation submits this statement for the purpose of changing its registered
office or r	enistered agent or both in the State	e of Florida. Such char	ice was autho	orized by	the corpo	poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.	U5U5, Florida	Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Reg	ustered Agen	t signature re	required when reinstating) DATE
12.		IND DIRECTORS	<u> </u>	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		ELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LUONG, VIET T			12 NAME		
STREET ADDRESS				1.3 STREET	ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 333	19		1.4 CITY-ST	r- ZIP	
TITLE	D	T/N	ELETE	2.1 TITLE	ŀ	D V S Change Addition
NAME	LUONG, MINH T	J		2.2 NAME		LUONG ANH T.
STREET ADDRESS	4245 N STATE RD #7			2.3 STREET		5205 NW 67 AUE
CITY-ST-ZIP	LAUDERDALE LAKES FL 333	19		2.4 CITY-S	T-ZIP -	LUONG, ANH T. 5205 NW 67 AUE FORT LAUDERDALE, FL 33319
TITLE			ELETE	3.1 TITLE		/ Change
NAME				3.2 NAME	1	
\$TREET ADDRESS				3.3 STREET	ADDRESS	8
CITY-ST-ZIP				3.4. CITY-S	T-ZIP	
TITLE		_		4.1 TITLE		☐ Change ☐ Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	·
CiTY-ST-ZIP				4.4 CITY-S	T-ZIP	Change Addition
TITLE			ELETE	5.1 TITLE		. Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET 5.4 C/TY-S*	- 1	
CITY-ST-ZIP	[DATELY C		
TITLE		п,	CLETE		, , , ,	□ Change □ Addition
			DELETE	61 TITLE	, - 211	☐ Change ☐ Addition
NAME			PELETE			_ , _

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 or supplemental armual 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 or than attachment with an address, with all other like empowered.

SIGNATURE: