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 # P9700038046

1. Corporation Name

F & D COIN LAUNDRY, INC.

Principal	Place of	Business
· · · · · · · · · · · · · · · · · · ·		

Mailing Address

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90038 031 ***150.00



220 N.W. 57TH COURT MIAMI FL 33126			220 N.W. 57TH COURT MIAMI FL 33126		DO NOT WRITE IN THIS S	SPACE		
						3. Date Incorporated or Qualifed 04/29/1997		
2. Principal Pl	ace of Business	2a. Mailing	g Address			4. FEI Number	A	pplied For
21		26				65-0764008	. [N	lot Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certifcate of Status Desired	*	Additional
22	- Summer of the second	_ 27				5. Certificate of Status Desired	Fee R	Required
City & State	9	City &	State		7 7:	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	I to Fees
Zip	Country	Zip		Country	,	8. This corporation owes the current year Inta-	<u> </u>	_
24	25	29		30		,	Yes	□No
	9. Name and Address of Current	t Registered A	gent			10. Name and Address of New Registered A	gent	
				81	Name			
LAW OFFICES OF HUGO E. DORTA, P.A. 501 BRICKELL KEY DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	D FLOOR			83	<u> </u>			
	/II FL 33131			1				
		•		84	City	FI	85 Zip	Code
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Fiorida, Suci	n cnange was au	tnonzea by	tne corporat	poration submits this statement for the purpose of cion's board of directors. I hereby accept the appoint	hanging it tment as r	s registered egistered
	The range with the state of the		,]
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicabl	e. (NOTE: F	Registered Age	nt signature requir	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	3	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D		☐ DELETE	1.1 TITLE			☐ Change	Addition :
NAME	DIAZ, BIENVENIDO C			1.2 NAMÉ				į :
STREET ADDRESS	220 N.W. 57TH COURT		•	1.3 STREE	TADORESS	, '		[]
CITY-ST-ZIP	MIAMI FL 33126			1.4 CITY-S	ST-ZIP			
TITLE			DELETE	2.1 TITLE			Change	Addition
NAME				2.2 NAME				
STREET ADDRESS		•		2.3 STREE	T ADDRESS			ĺ
_CITY-ST-ZIP				2, 4 CITY-	ST-ZIP		:	
TITLE			☐ DELETE	3.1 TITLE	*:		Change	Addition
NAME				3.2 NAME			•	Į
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				3.4. CITY-1				
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME	Control of the State of the Sta		_	4, 2 NAME				.
					T ADDRESS			l
STREET ADDRESS				4.4 CITY-S				
CITY-ST-ZIP			☐ DELETE	5.1 TITLE	51-ZIP		Change	Addition
TITLE			LI VILLIL	5.1 III.E 5.2 NAME				_
NAME	,				T ADDRESS		:]
STREET ADDRESS				5.4 CITY-5	•			Į.
CITY-ST-ZiP			O DELETE	6.1 TITLE	01-4P		Change	Addition
TMLE			☐ DELETE				Unange	L 7,000,001
NAME	·			6.2 NAME				
STREET ADDRESS					TADDRESS	·		
CITY-ST-ZIP				6.4 CITY-S	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:

BIENVENIERO C DIAY