1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700038050

1. Corporation Name

MIAMI COIN LAUNDRY CORP.

Principal Place of Business

Mailing Address

1901 W FLAGLER STREET

1901 W FLAGLER STREET

## **FILED** Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90040 049 \*\*\*150.00



MIAMI FL 33135	i	MIAM! FL 33135		DO NOT WRITE IN THIS SPACE				
	•				3. Date incorporated or Qualifed 04/29/1997			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		~   <u></u>	pplied For
21	and the second of the second	26	J		65-0751169		N	ot Applicable
Suite, Apt. 7	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	}	•	Additional equired
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution	]		May Be to Fees
23   Zip	Country	Zip	Country		8. This corporation owes the current y	vear Intano	nible/	
	25	29 30	, ´		Personal Property Tax.		Yes	□No
24	9. Name and Address of Curren		J		10. Name and Address of New Regi	stered Ag	ent	
	Traine and r		81	Name				
GONZALEZ, RAUL 1901 W FLAGLER STREET MIAMI FL 33135				82 Street Address (P.O. Box Number is Not Acceptable) 83				
			84	City		FL	85 Zip	Code
44 - 10	to the previous of Castions 607 050	2 and 607 1509 Florida Statutes	the above	a-named corn	pration submits this statement for the purp	nose of cha	anging it	s registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was autho	onzed by	tne corporatio	n's board of directors. I hereby accept the	e appointm	nent as r	egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Ager	nt signature required	when remotating)	DATE		
12.		D DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICE			
TITLE	PD	☐ DELETE	1.1 TITLE		•	l.	Change	Addition
NAME	Gonzalez, Raul		1.2 NAME					
STREET ADDRESS	2501 S.W. 21 STREET		1,3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-S	T- ZIP				
TITLE	VD ,	☐ DELETÉ	2.1 TITLE				_ Change	Addition
NAME	GONZALEZ, RAUL JR		2.2 NAME		المستان والمحروبية وما	. د هو د بسوي		
STREET ADDRESS	2501 S.W. 21 STREET		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33145		2. 4 CITY+S	ST-ZIP				<b>53</b> • • • • •
TITLE	VPD	DELETE	3.1 TITLE	}		[	_ Change	Addition
NAME	GONZALEZ, DANIEL		3.2 NAME					
STREET ADDRESS	2501 S.W. 21 STREET		3.3 STREET	TADORESS				
CITY-ST-ZIP	MIAMI FL 33145		3.4. CITY-S	ST-ZIP				
TITLE	SD .	☐ DELETE	4.1 TITLE			[	Change	☐ Addition
NAME }	GONZALEZ, GLADYS		4.2 NAME	Į.				
STREET ADDRESS	2501 S.W. 21 STREET		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33145		4.4 CITY-S	T-ZiP				
TITLE		☐ DELETE	5.1 TITLE			[	Change	☐ Addition
NAME	,		5.2 NAME			:		
STREET ADDRESS	·		5.3 STREE	TADDRESS				
CITY-ST-ZIP .	;;;; , ∀		5.4 CITY-S	T- ZIP				
TILE (		DELETE	6.1 TITLE			Γ	] Change	Addition
NAME 3	Services 1		6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS			•	
CITY OT ZID	<b>/</b>		6.4 CITY-S	T-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.

SGNATURE

2/23/99

(305) 644-1508