Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

## 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 # P9700040341

Country

9. Name and Address of Current Registered Agent

25

TRUEBA, CARLOS M

1985 NW 88TH CT SUITE 101 **MIAMI FL 33172** 

Suite, Apt. #, etc.

City & State

22

23

24

Zip

LAKES OF THE MEADOW CLEANERS, INC.

Principal Place of Business Mailing Address 4234 SW 152 AVENUE 1985 N.W. 88TH CT. MIAMI FL 33185 US MIAMI FL 33172 2. Principal Place of Business 2a. Mailing Address 21

29

3. Date Incorporated or Qualifed 4, FEI Number

26 Suite, Apt. #, etc.

30

27 City & State 28 Country Zip

Trust Fund Contribution This corporation owes the current year intangiale Personal Property Tax. 10. Name and Address of New Registered Agent

81 Name Street Address (P.O. Box Number is Not Acceptable)

05/06/1997

65-0756035

5. Certifcate of Status Desired

6. Election Campaign Financing

1		
Į	83	
ŀ	84	City

Zip Code 85

May 14, 1999 8:00 am Secretary of State

05-14-1999 90001 005 \*\*\*450.00

DO NOT WRITE IN THIS SPACE

 $\Box$ 

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						
	Signature, typed or printed name of registered agent as	nd title if applicable (NOTE: R	egisterød Agent signature require	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
τπιε	PD	☐ DELETE	1.1 TITLE		Change	Addition
NAME (	TRUEBA, CARLOS M		1.2 NAME			į
STREET ADDRESS	12905 SW 107 CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	FERNANDES, RICHARD A		22 NAME			
STREET ADDRESS	11011 NW 3 ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33324		2.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	RODRIGUEZ, MARIANO J		3.2 NAME			İ
STREET ADDRESS	1985 NW 88TH CT, #101		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL		3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME	l	• .	4.2 NAME			i

STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition ☐ Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP 6 1 TITLE TITLE DELETE Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP 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 supplied 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 of 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

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)