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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043703 (2)

CALUSA CLEANERS III, INC.

Principal Place of Business Mai

Mading Address

## FILED Mar 02 1998 8:00am Secretary of State



2-24-98

305-661549K

8921 S DIXIE HWY 8921 S DIXIE HWY MIAMI FL 33143 MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 592554116 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State: 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Couplry Country 8. This corporation owes or has paid the current year Intangible Zip 📜 Yes □ No Personal Property Tax due June 30. 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ALVAREZ, ENRIQUE 8921 S DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 84 Zip Code 85 City 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. DATE (NOTE Bug stored Agent signature required when reinstaling) Stgnature, typical or printed mone of registered agent and title it apply, able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELE 1E 1.1 TITLE TITLE ALVAREZ, ENRIQUE 1.2 NAME NAME **12766 SW 88TH STREET** 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** 1.4 City - ST- ZIP CITY-ST-ZIP Change \_\_ Addition DELETE 2.1 TITLE TITLE ALVAREZ, ALICIA 2.2 NAME NAME **12766 SW 88TH STREET** 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELFTE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby 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 minual 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 on powered to excell 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 area less.