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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # DOZOGO42702

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## Feb 22, 1999 8:00 am Secretary of State Katherine Harris Secretary of State 02-22-1999 90053 036 \*\*\*150.00

1, Corporation		JU <del>4</del> 37U3			
CALUSA	CLEANERS III, INC.			E CORRECCI ALO CONTRE CORRECCIONE DE CAR	. BURN BERNY BEGGE NEW HERE BEGGE NEW HERE
Principal Place	e of Business	Mailing Address			
8921 S DIXIE H		8921 S DIXIE HWY		ł	
MIAMI FL 33143	1	MIAMI FL 33143		DO NOT WRITE	E IN THIS SPACE
				3. Date Incorporated or Qualifed	
				05/16/1997	
Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	10 SW 113 Place	26 11680 511	1 113 PM	59-2554116     ■	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<i>, , , , , , , , , , , , , , , , , , , </i>		\$8.75 Additional
22 Sto /	103	27 Str 113		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Mls	ami FC	28 Mams	1-6	Trust Fund Contribution	Added to Fees
Zip 24 33	Country [1] [6] [7] [6] [7]	Zip 33/76 [3	Country	This corporation owes the currer     Personal Property Tax.	nt year Intangible ☐ Yes ☐ No
<u> </u>	9. Name and Address of Curr			10. Name and Address of New Re	gistered Agent
			81 Name	Tree le le	·/
ALVAREZ, ENRIQUE			82 Street	Address (P.O. Fox Number is Not Acceptab	ole).
8921 S DIXIE HWY			0000	10680 500 1131	Unde Ste 103
MIAN	AI FL 33143		83		
			84 City	Minni	FL 85 Zip Code
11 Pursum	to the provisions of Sections 607.0	502 and 607.1508. Florida Statute:	s, the above-named	corporation submits this statement for the p	
enice or re	egistered adept, or both, in the Stat	te of Florida. Such change was au	thorized by the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	the appointment as registered
	m tamiliar with, and accept the obli	gaturis di, Suction 607.0505, Fione	ua Statutes.	//	11/69
SIGNATURE	Signature, typed or printed names registered a	gent and title if applicable. (NOTE: I	Registered Agent signature n	equired when reinstating)	DATE
12.	<u> </u>	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD //	☐ DELETE	1.1 TITLE	10	Change
NAME	ALVÁREZ, ENRIQUE		1.2 NAME	Alvarez Enrigio	
STREET ADDRESS	12766 SW 88TH STREET		1.3 STREET ADDRESS	12051 SW 87 800	
CITY-ST-ZIP	MIAMI FL 33186	_	1.4 CITY-ST-ZIP	Muni FL 33/2/	
TITLE	VSTD	☐ DELETE	2.1 TITLE	1510	☐ Change ☐ Addition
NAME	ALVAREZ, ALICIA			10.0	€ sugardo □ reservent
STREET ADDRESS			2.2 NAME		E cuando -
	12766 SW 88TH STREET			ALVARCZ, Alicia	<b>L</b> orange Green
CITY-ST-ZIP	12766 SW 88TH STREET MIAMI FL 33186		2.2 NAME		
CITY-ST-ZIP TITLE	1	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS	AIVARCZ, Alicia 12051 SW 89 ave	Change ☐ Addition
	1	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	AIVARCZ, Alicia 12051 SW 89 ave	
TITLE	1	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE	AIVARCZ, Alicia 12051 SW 89 ave	
TITLE NAME	1	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	AIVARCZ, Alicia 12051 SW 89 ave	Change Addition
TITLE NAME STREET ADDRESS	1	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ALVARCZ, Alicia 12051 SW 89 ave Mami FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	AIVARCZ, Alicia 12051 SW 89 ave	Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	1		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	ALVARCZ, Alicia 12051 SW 89 ave Mami FL 33176	Change Addition
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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:

ME OF SIGNING OFFICER OR DIRECTOR

305-270/188