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 # **P97000045870**1. Corporation Name

MORNINGSIDE WASH HOUSE. INC.

Principal Place of Business	Mailing Address	
1318 SW 124 PL	1318 SW 124 PL	
MIAMI FL 33184	MIAMI FL 33184	

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90031 048 ***158.75

27 S. Certificate of Status Desired 24 Fe	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees t year Intangible Yes No gistered Agent By Zip Code prose of changing its registered the appointment as registered
MAMI FL 33184 Misk FL 33184 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O5/23/1997 2. Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 27. City & State Do Not write in This space 28. Fe City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State City & State Do Not write in This space 3. Date Incorporated or Qualified O5/23/1997 4. FEI Number 59-2547300 \$8. Fe Certificate of Status Desired City & State City & State City & State City & State Suite, Apt. #, etc. City & State City &	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees t year Intangible Yes No gistered Agent By Zip Code Lirpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O5/23/1997 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2d. Country 2d. Country 2d. Country 2d. Do Country 2d. R. This corporation owes the current year Intangible Personal Property Tax. PEREZ, SILVIA PEREZ, SILVIA 13.18 SW 124 PL MIAMI FL 33184 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 changir 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 agent. I am familiar with, and accept the obligations of, Section 607.0505 in 18 (NOTE: Registered Agent signature required when remutating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ITILE DELETE 11. ITILE DELETE 11. ITILE DATE 3. Date Incorporated or Qualifed 05/2/3/1997 4. FEI Number 59-2547300 \$4. FEI Number 59-2547300 \$5. Certificate of Status Desired \$6. Election Campaign Financing \$7. Trust Fund Contribution \$7. Addition Contribution \$7. Addition Comparison \$8. This corporation owes the current year Intangliable \$8. This corporation owes the current year Intangliable \$8. Addition Contribution \$8. This corporation owes the current year Intangliable \$8. This corpor	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees t year Intangible Yes No gistered Agent By Zip Code Lirpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
3. Date Incorporated or Qualified 05/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2547300 Suite, Apt. #, etc. 5. Certificate of Status Desired 59-2547300 Suite, Apt. #, etc. 5. Certificate of Status Desired 59-2547300 Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Year Personal Property Tax. Year Personal Property Tax. Year Personal Property Tax. Year Year 1318 SW 124 PL MIAMI FL 33184 PEREZ, SILVIA 83	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees t year Intangible Yes No gistered Agent By Zip Code Lirpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 59-2547300 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8. Fe City & State City & Country Cip Country Coun	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees t year Intangible Yes No gistered Agent Barrian Barrian
2. Principal Place of Business 2a. Mailing Address 559-2547300 Suite, Apt. #, etc. 5. Certificate of Status Desired 57 City & State City & State City & State City & State 28 Zip Country Zip Country Zip Country 3. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEREZ, SILVIA 1318 SW 124 PL MIAMI FL 33184 82 Street Address (P.O. Box Number is Not Acceptable) 83 City State 84 City Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 86 City State 87 Street Address of New Registered Agent 88 City FL 88 Street Address (P.O. Box Number is Not Acceptable) 89 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered upent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. FEI Number 59-2547300 5. Certificate of Status Desired \$8. 5. Certificate of Status De	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees t year Intangible Yes No gistered Agent Barrian Barrian
Suite, Apt. #, etc. 22	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees t year Intangible Yes No gistered Agent B5 Zip Code
Suite, Apt. #, etc. 22	Fee Required \$5.00 May Be Added to Fees t year Intangible Yes No gistered Agent FL 85 Zip Code irpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
City & State	\$5.00 May Be Added to Fees t year Intangible
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PEREZ, SILVIA 1318 SW 124 PL MIAMI FL 33184 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33184 83 Street Address (P.O. Box Number is Not Acceptable) 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 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 agent. I am familiar with, and accept the Obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE Chemical Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes Yes Street Address (P.O. Box Number is Not Acceptable) Basiliana Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Basiliana Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Num	Added to Fees t year Intangible Yes No gistered Agent e) FL 85 Zip Code irpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent PEREZ, SILVIA 1318 SW 124 PL MIAMI FL 33184 82 Street Address (P.O. Box Number is Not Acceptable) Name PEREZ, SILVIA 84 City FL 85 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE DELETE 11. TITLE Constitution of Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes	t year Intangible Yes
24 25 29 30 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEREZ, SILVIA 1318 SW 124 PL MIAMI FL 33184 82 Street Address (P.O. Box Number is Not Acceptable) 83	e) FL 85 Zip Code irpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEREZ, SILVIA 1318 SW 124 PL MIAMI FL 33184 82 Street Address (P.O. Box Number is Not Acceptable) 83	e) FL 85 Zip Code irpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
PEREZ, SILVIA 1318 SW 124 PL MIAMI FL 33184 82 Street Address (P.O. Box Number is Not Acceptable) 83 44 City FL 85 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 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 of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ITILE OCHEROLOGY Change C	FL 85 Zip Code irpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
PEREZ, SILVIA 1318 SW 124 PL MIAMI FL 33184 82 Street Address (P.O. Box Number is Not Acceptable) 83 Representation of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE OCHEROLOGY Changing the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE DATE 11. TITLE DELETE 1.1 TITLE Changes Changing the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing	FL 85 Zip Code urpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
MIAMI FL 33184 83 84 City FL 85 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 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 of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE OCHECTORS CITY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE OCHECTORS CITY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CITY	FL 85 Zip Code urpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
MIAMI FL 33184 83 84 City FL 85 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 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 of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE OCHECTORS CITY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE OCHECTORS CITY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CITY	PL Irrpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	PL Irrpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	PL Irrpose of changing its registered the appointment as registered DATE CERS AND DIRECTORS IN 12
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 of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE	DATE CERS AND DIRECTORS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE OF THE OFFICERS INTILE OF THE OFFICERS I	CERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE CONTROLLED	
NAME PEREZ. SILVIA ■ 12 NAME	
STREET ADDRESS 1318 SW 124 PL 1.3 STREET ADDRESS	·
CITY-ST-ZIP MIAMI FL 33184 14 CITY-ST-ZIP	
	☐ Change ☐ Addition ☐
NAME 2.2 NAME .	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	ľ
TITLE SOUR DE CALLER SOUR CARRENT DELETE 3.1 TITLE Che	
NAME 32 NAME	☐ Change ☐ Addition
STREET ADDRESS 3.3 STREET ADDRESS 2.3 STREET ADDRES	☐ Change ☐ Addition
- The Control of th	Change Addition
CITY-ST-ZIP 34.CITY-ST-ZIP	医疗物理学院测值
CITY-ST-ZIP 34, CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE	☐ Change ☐ Addition
34.CITY-ST-ZIP 34.	医疗物理学院测值
34.CITY-ST-ZIP 34.CITY-ST-ZIP 1 1 1 1 1 1 1 1 1	医疗物理学院测值
34.CITY-ST-ZIP 34.CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE □ Challed 1.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP □ Challed 1.2 City 1.2 City 1.3 City 1.	☐ Change ☐ Addition
34.CITY-ST-ZIP	医疗物理学院测值
34.CITY-ST-ZIP 34.CITY-ST-ZIP 1 1 1 1 1 1 1 1 1	☐ Change ☐ Addition
34. CITY-ST-ZIP 34. CITY-ST-ZIP 1 1 1 1 1 1 1 1 1	☐ Change ☐ Addition
34.CITY-ST-ZIP 34.CITY-ST-ZIP 1 1 1 1 1 1 1 1 1	☐ Change ☐ Addition
34.CITY-ST-ZIP	Change Addition
34.CITY-ST-ZIP	Change Addition

14. 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: