## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000047569

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90211 031 \*\*\*150.00

1. Corporatio	n Name	UTIOUU					
SAVE-O	N CLEANING & LAUNDRY, I	NC.					
					! <b>  00</b>     <b>00</b>      0    0    0    0   0   0   0   0	((1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b>	1 <b>8 8</b> 111 <b>8</b> 1811 1881
Principal Place of Business Mailing Address							
1568 NE 165TH ST. 1568 NE 165TH ST.							
N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/29/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Α	Applied For
21		26			65-0765708	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional	
22					5. Octahodio of Clades Booking		Required
City & State City & State				6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Counti	У	8. This corporation owes the current year	Intangible Yes	□No
24	9. Name and Address of Current		30	<del></del>	Personal Property Tax.  10. Name and Address of New Registere		0140
	9. Name and Address of Current	r Kedisteren Adeur	8	1 Name	10. Hame and Address of New Registers	is rigotit	
COF	RPORATION SERVICE COMPANY		<u> </u>				
1201 HAYS STREET			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
TALI	LAHASSEE FL 32301-2525		8	3			
			L				
			8	4 City	F	85   Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abo	ve-named corp	poration submits this statement for the purpose	of changing it	ts registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was au	ithorized b	y the corporati	on's board of directors. I hereby accept the app	oointment as r	egistered
ŭ	in terminal that, and assept the assignment			· <del>-</del> ·			1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age				ent signature require			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DPS	☐ DELETE	1.1 TITLE	į		Change	Addition
NAME	MIRANDA, RODOLFO		1.2 NAM				
STREET ADDRESS	1568 NE 165TH ST.			ET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33162			ST-ZIP		Change	Addition
TITLE		<del></del>				□ pylango	
NAME			2.2 NAME	ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP TITLE			2. 4 CITY .3.1 TITLE			Change	Addition
NAME	_ *1		3.2 NAME				
STREET ADDRESS				ET ADDRESS			1
CITY-ST-ZIP			3.4. CITY				1
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM	Ε			1
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP		<u>.</u>	4.4 CITY-	ST-ZIP			
TITLE		☐ OELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	:			]
STREET ADDRESS			5.3 STRE	ET ADDRESS			1
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETÉ	6.1 TITLE			Change	Addition
NAME	J		6.2 NAME	J			
STREET ADDRESS			6.3 STRE	ET ADDRESS			

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 suppliemental aprical peport 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 Jeceiver 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.

6.4 CITY, ST-ZIP

SIGNATURE:

OFFICER OR DIRECTOR

305-940-0722