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Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000086970 (5)**

1. Corporation Name

LOADS OF SUDS, INC.

Principal Place of Business

**510 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

Mailing Address

**510 WASHINGTON AVENUE
MIAMI BEACH FL 33139
2121 Lucerne Avenue
Miami Beach 33140**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 2121 Lucerne Avenue

27 Suite, Apt. #, etc.

28 MIAMI BEACH, FLORIDA

29 33140 30 USA

9. Name and Address of Current Registered Agent

**KASDIN, NEISEN O
1428 BRICKELL AVENUE 6TH FLOOR
MIAMI FL 33131**

3. Date Incorporated or Qualified

10/08/1997

4. FEI Number

65-0785706

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **DAKOTA, MICHAEL**
STREET ADDRESS **510 WASHINGTON AVENUE**
CITY - ST - ZIP **MIAMI BEACH FL 33139**

1.2 TITLE ☐ DELETE

NAME **DAKOTA, IRENE**
STREET ADDRESS **510 WASHINGTON AVENUE**
CITY - ST - ZIP **MIAMI BEACH FL 33139**

1.3 TITLE ☐ DELETE

1.4 TITLE

1.5 NAME

1.6 STREET ADDRESS

1.7 CITY - ST - ZIP

1.8 TITLE

1.9 NAME

1.10 STREET ADDRESS

1.11 CITY - ST - ZIP

1.12 TITLE

1.13 NAME

1.14 STREET ADDRESS

1.15 CITY - ST - ZIP

1.16 TITLE

1.17 NAME

1.18 STREET ADDRESS

1.19 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

SIGNATURE: **x [Signature]**

**x01/31/98 x 305.674
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CR2E034 (10/97)