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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098635 (0)

LAUNDRY WORLD INTERNATIONAL, INC.

FILED Apr 28 1998 8:00am Secretary of State

4/20/98 305-751-4673

Principal Place of Business Mailing Address				0 (60) 100 110 1031 (00) (00) (100)	7119 10404 10310 04100 11494 014U (BDI
1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134		1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134		DO NOT WRITE IN	T. 110 0D4 0F
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 11/19/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 5735 N.E. 2nd Av		26 5735 NE 2	nd A	65-0799863	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State MIAMI, FL		City & State MIAMI, FI	,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33137 25 USA		Zip	Country	8. This corporation owes or has paid t	
24 33137	7 25 USA	29 33137	30 USA	Personal Properly Tax due June 30	
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regis	tered Agent
HE	LLMAN, MAYNARD J		81 Name		
1100 PONCE DE LEON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134					
		•	83		
(\mathcal{M}	84 City		FL 85 Zip Code
11. Pursuant to be provisions of Sections 607 6502 and 107 1508. Flor da Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, withe State of Flor da Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family with and accept the doll pations of Section 87 7936 Porion Statutes.					
agent. I am family with, and accept the distributions of the composition of the composition of the appointment as registered agent. I am family with, and accept the distributions of the composition of th					
SIGNATURE	IV WHYWU X	JECHNU			4/20/98
12. M	OCCIO PS AN	D DIRECTORS	E: Reg stored Againt signature red	quired when reinstating) (ADD:TIONS/CHANGES TO OFFICER	DATE C AND DIDECTORS IN 40
TITLE	b H	DELETE	1.1 TIBLE	CEO	Change Addition
NAME	HARK, BRENDA		1.2 NAME		
STREET ADDRESS	1100 PONCE DE LEON BLVI).	1.3 STREET ADDRESS	5735 NE 2nd AV	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	MIAMI. FL 33137	
TITLE	D	DELETE	2.1 TITLE	PRESIDENT	Change Addition
NAME	SPARER, SOL		2.2 NAME		
STREET ADDRESS 1100 PONCE DE LEON BLVD.).	2.3 STREET ADDRESS	5735 NE 2nd AV	
CITY-ST-ZIP	CORAL GABLES FL 33134	D pereze	2. 4 CITY - ST - ZIP	MIAMI, FL 33137	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY- ST- ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		-	4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Druste	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME PERSONAL ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS					
14. I hereby o	pertify that the information supplied w	vith this filing does not qualify for	6.4 CITY-S1-ZIP or the exemption stated	in Section 119.07(3)(i), Florida Statutes. I furt	her 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 configration or the receiver of trustee employered 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 attachnical with an addless.					
Block 12 or Block 13 if changed, or on an attachment with an addless.					