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May 17, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000026939

1. Corporation Name

LA CHEMISE DRY CLEANERS INC

Principal Place of Business

Mailing Address

1550 SW 1ST STREET SUITE # 10
MIAMI FLORIDA 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/98

4. FEI Number

65-0821699

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 13262 SW 8TH STREET

26 18125 SW 138 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

Zip

Country

Zip

Country

24 33184

25 DADE

29 33177

30 DADE

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUIS F FRIAS
1550 SW 1ST STREET # 10
MIAMI FLORIDA 33135

81 Name

LUIS F FRIAS

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

11860 SW 18 TERRACE

83

APT # 100

84 City

MIAMI

FL

85 Zip Code

33175

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **CONNIE GUTIERREZ**
STREET ADDRESS **18125 SW 138 CT**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **V** ☐ DELETE
NAME **JOSE R GUTIERREZ**
STREET ADDRESS **18125 SW 138 CT**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **ST** ☐ DELETE
NAME **LUIS F FRIAS**
STREET ADDRESS **11860 SW 18 TERRACE # 100**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE **Connie Gutierrez**

4/28/99 305-225-0222