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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000027185

1. Corporation Name

AMERICAN GARMENT DYERS, INC.

Principal Place of Business

Mailing Address

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90036 025 ***150.00



1501 EAST 10 AVE 1501 EAST 10 AVE HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/24/1998 4. FEI Number Applied For 2. Principal Place of Business 2a, Mailing Address 65 Not Applicable 1573_ 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes the current year Intangible □No Yes 30 Personal Property Tax. 29 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent LAZARUS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 82 1501 EAST 10 AVE HIALEAH FL 33010 83 84 85 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR2E034 (11/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition ☐ DELETE TITLE 1.1 TITLE LAZARUS, RICHARD 1.2 NAME NAME 1501 EAST 10 AVE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZiP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 upplemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. I hereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed to

6.4 CITY-ST-ZIP

ST-ZIP