

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90035 015 ***150.00

DOCUMENT # *P9800096009*

1. Corporation Name

LAUNDRY ZONE CORP.

Principal Place of Business

Mailing Address *SAME*

*811 West Palm Drive
Florida City, FL 33034*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

November 13, 1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 *SAME*

26 *811 West Palm Drive*

65-0883121

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State *SAME*

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip *SAME* Country *SAME*

28 *Florida City, FL*

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

24 *SAME* 25 *SAME*

29 *33034* 30 *USA*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*JOSE ABREU
8425 SW 199 ST.
MIAMI, FL 33189*

81 Name *JOSE ABREU*
82 Street Address (P.O. Box Number is Not Acceptable)
8425 SW 199 ST.
83
84 City *MIAMI* FL 85 Zip Code *33189*

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

Jose Abreu
Signature, typed or printed name of registered agent and title if applicable

JOSE ABREU
(NOTE: Registered Agent signature required when reinstating)

5-17-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *Director* ☒ DELETE
NAME *JOSE ABREU*
STREET ADDRESS *8425 SW 199 ST*
CITY-ST-ZIP *MIAMI FL 33189*

1.1 TITLE *C/P/D* ☒ Change ☐ Addition
1.2 NAME *JOSE ABREU*
1.3 STREET ADDRESS *8425 SW 199 ST.*
1.4 CITY-ST-ZIP *MIAMI, FL 33189*

TITLE *Director* ☒ DELETE
NAME *Rebecca Abreu*
STREET ADDRESS *1790 NW 17 ST*
CITY-ST-ZIP *Homestead FL 33030*

2.1 TITLE *V/D* ☐ Change ☒ Addition
2.2 NAME *AMBARINA M. ABREU*
2.3 STREET ADDRESS *8425 SW 199 ST.*
2.4 CITY-ST-ZIP *MIAMI, FL 33189*

TITLE *Director* ☒ DELETE
NAME *Nereida Abreu*
STREET ADDRESS *1790 NW 17 ST*
CITY-ST-ZIP *Homestead FL 33030*

3.1 TITLE *T* ☒ Change ☐ Addition
3.2 NAME *REBECA ABREU*
3.3 STREET ADDRESS *1790 N.W. 17 ST*
3.4 CITY-ST-ZIP *Homestead, FL 33030*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE *S* ☒ Change ☐ Addition
4.2 NAME *NEREIDA ABREU*
4.3 STREET ADDRESS *1790 N.W. 17 ST*
4.4 CITY-ST-ZIP *HOMESTEAD, FL 33030*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Jose Abreu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE ABREU

Date

Daytime Phone #

5/17/99 (305) 242-6691

CR2E034 (11/98)