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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$13980

MILLER SQUARE LAUNDROMAT, INC.

(5)

FILED May 07 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | |
|---|--|--|--|--|--|---|------------------------------|
| l ' | | Mailing Address | | | | | |
| 19790 SW 56TH ST | | 13790 SW 56TH ST #N | | | | | |
| MIAMI FL 8317 | 15 | MIAMI FL 33175-6033 | | | | | |
| | | | | | 3. Date fricorporated or Qualified 11/19/1990 | 3a. Date of Last 1 05/01/1996 | Report |
| — | lace of Business | 2a. Mailing Address | ta. Mailing Address | | 4. FEI Number Applied Fo | | pplied For |
| 21 | | 26 | | | | lot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | Additional | |
| City & State | | City & State | | Fee Required | | | |
| 23 | · | 28 | · ₁ ´ | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Cour | nlry | | | |
| 24 | 25 | 29 | 30 | , | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No | | |
| | 9, Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Reg | | |
| DAN | NZIGER, SAMUEL R. | | | 81 Name | | | |
| 1379 | 90 SW 56TH ST #N | | - | 82 Street Add | Address (P.O. Box Number is Not Acceptable) | | |
| MA | MI FL 33175 | | | | and the contract of the contra | | |
| | | | | 83 | | | |
| | | | - | 84 City | | 85 Zip | Code |
| 44 5 | | | | | | | |
| office or ragent. La | to the provisions of Sections 507.050. registered agent, or both, in the State im familiar with, and accept the obliga | Z and 607.1508, Florida Statt of Florida. Such change was ations of, Section 607.0505, F | ites, the ab aulhorized Torida Statu | ove-named cor i by the corpora ites. | rporation submits this statement for the pu ation's board of directors. I hereby accept | rpose of changing the appointment as | its registered registered |
| SIGNATURE | Signature, typed or printed name of registered age | | ia arrivita | | Lired whon reinstating) | ·*· | |
| 12. | OF FICE RS AND | | 18. | Agent signature requ | ADDITIONS/CHANGES TO OFFICE | DATE. | RS IN 12 6 |
| TITLE | PD DELETE | | 1.1 707 | . E | 7,5571101107077771020 10 017102 | Change | Addition |
| NAME | Danziger, Samuel R | | 1.2 NA | vE | | | |
| STREET ADDRESS | 13790 SW 56TH ST #N | | 1.3 \$16 | 3 STREET ADDRESS | | | [|
| CITY-ST-ZIP | MIAMI FL | | 1.4 CIT | Y-ST-ZIP | | | 5 |
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| NAME | | | 6.2 NA | AE | | v | |
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| CITY-ST-ZIP | | | 64011 | r-S1-7IP | | | |
| 44 I do bosek | alf al and 1.4 | 1 | | | | · · · · · · · · · · · · · · · · · · · | |

I do 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 corpt align, 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 of my ed., or on an attachment with an address.