

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S18201 (1)

1. Corporation Name

P.S. DRY CLEANERS, INC.



Principal Place of Business

Mailing Address

13260 S.W. 8TH ST.
MIAMI FL 33184

13260 S.W. 8TH ST.
MIAMI FL 33184

2. Principal Place of Business

2a. Mailing Address

21 13262 SW 8th St.

26 13262 SW 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL.

28 MIAMI, FL

24 Zip

Country

29 Zip

Country

25 33184

30 33184

9. Name and Address of Current Registered Agent

PELAYO, DENIA
13260 S.W. 8TH ST.
MIAMI FL 33184

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
11/28/1990

3a. Date of Last Report
09/29/1995

4. FEI Number
65-0233709

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed name of registered agent of this corporation.

(NOTE: Registered Agent's signature required when filing this report.)

Date

12. OFFICERS AND DIRECTORS

TITLE DS
NAME PELAYO, CARLOS
STREET ADDRESS 13260 S.W. 8TH ST.
CITY-ST-ZIP MIAMI FL

DELETE

TITLE DP
NAME PELAYO, DENIA
STREET ADDRESS 13260 S.W. 8TH ST.
CITY-ST-ZIP MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP Change Addition

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP Change Addition

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP Change Addition

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP Change Addition

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP Change Addition

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/96 305 225-5766

CR2E034 (3/96)