

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 2-1696 B-1197-C

DOCUMENT # S41163 (4)

1. Corporation Name

MILLER DRIVE DRY CLEANERS & LAUNDRY, INC.



Principal Place of Business

Mailing Address

6786 SW 40TH ST.
MIAMI FL 33155

6786 SW 40TH ST.
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/22/1991

3a. Date of Last Report
01/19/1995

4. FEI Number
65-0254533

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

81 Name MARJA S. Miller

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

83 8905 SW 69 ST

84 City MIAMI

85 Zip Code FL 33173

COYRA, NILFIES
6786 SW 40TH ST.
MIAMI FL 33155

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

X Mary Miller

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-96

12. OFFICERS AND DIRECTORS

1 D
NAME COYRA, NILFIES
STREET ADDRESS 6786 SW 40TH ST.
CITY-ST-ZIP MIAMI FL

2 PDS
NAME MARJA S. Miller
STREET ADDRESS 8905 SW 69 ST
CITY-ST-ZIP MIAMI FL 33173

3
NAME
STREET ADDRESS
CITY-ST-ZIP

4
NAME
STREET ADDRESS
CITY-ST-ZIP

5
NAME
STREET ADDRESS
CITY-ST-ZIP

6
NAME
STREET ADDRESS
CITY-ST-ZIP

7
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X Mary Miller

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)