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

			٠	1	9)6	16	•
								-

SIGNATURE:

DOCUMENT #

S46627

(3)

MACDONALD	IMPERIAL	CLEANERS	(1991).	INC.
			1	"

	TIME OF THE COLOR			
Principal Place i	of Husiness	Mailing Address		AND SHAPE STATE ST
5840 S DIXIE SOUTH MIAM		5840 \$ DIXIE HWY South Miami FL 331	4 3	
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1991 02/13/1995
2. Principa' Plad	ce of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #		Suite, Apt. #, etc.		65-0262092 Not Applica
2	, 60.	27		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing \$5.00 May Re
3		28		Trust Fund Contribution LJ Added to Fees
Zη→ .al	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,
4	25 9. Name and Address of Cu	29 urrent Registered Agent	[30]	Florida Statutes Yes No 10. Name and Address of New Registered Agent
			81 Name	IV. Italia alla Mariasa di Itan Negistatea Agait
PIRANI, I	KARIM		25	
	DIXIE HWY		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
	MIAMI FL 33143		83	
			84 City	las I 7- Code
				ration submits this statement for the purpose of changing its registered of
SIGNATURE	Signatine, typics or princed name of registered). TE Ragistered Agent signature require	od when reinstating) DATE
12.	· · _ · · · · · · · · · · · · · · · · ·	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
יווני	D DiDaah wadiaa	☐ DELETE	1 1 TITLE	Change Addition
VAME VIRELLADORESS	Pirani, Karim 1717 no bayshore dr	40747	1.2 NAME	
CITY ST-ZIF	MIAMI FL	1 #2191	1.3 STREET ADDRESS	
III.F	MINARI I F	[] DELETE	1.4 CHTY-ST-ZIP 2 1 THTLE	☐ Change ☐ Additio
14MF			2 2 NAME	
STREET ADORESS			2 3 STREET ADDRESS	
DHY-ST-ZIP			2.4 CITY - ST - ZIP	
II: F		DELETE	3 1 TITLE	Change Addition
IAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
OTTY S1-ZIP		I DELETE	3.4 CITY-S1-2IP	
IAME			4. 1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	
D1Y+S1-7IP			4.4 CITY-ST-ZIP	
INCE		☐ DELETE	5 1 TITLE	☐ Change ☐ Additio
NAME:		_	5 2 NAME	_ vanigo _ vanigo
STREET ADDRESS			5.3 STREET ADDRESS	
HY-ST ZIP			5.4 CITY-ST-ZIP	
!!ILE		☐ DELETE	6 1 TITLE	Change Addition
NAM:			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CHY-SH-ZiP	coalify that the information	Lord with this flips !! -! "	64 CHY-ST-7IP	•
oath; that I	ine information indicated on this am an officer or director of the c	iled with this filing is voluntarily furn annual report or supplemental ann orporation of the receiver or truste or on a glachment with an addi	ual report is true and accura e empowered to execute this	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ite and that my signature shall have the same legal effect as if made unde is report as required by Chapter 607, Florida Statutes; and that my name

SIGNAME AND SED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 19. 96 (305)661. 5831