FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthanii ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (6)TUSCAWILLA DRY CLEANERS CORP. Principal Place of Business Mailing Address 1442 WELSON ROAD 1442 WELSON ROAD ORLANDO FL 32837-6576 ORLANDO FL 32837-6576 3. Date Incorporated or Qualified 3a. Date of Last Report 10/11/1991 06/21/1995 4. FEI Number 2. Principal Place of Business Applied For 1425 TUSKAWICH Rd TustouillA Rb 59-3099044 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent Name COLON, ALMA Street Address (P.O. Box Number is Not Acceptable) 82 1442 WELSON ROAD 83 ORLANDO FL 32837 84 City Zio Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its or registered agent, or both, in the state of Florida Such change was authorized by the corporation's bhard of directors. I hereby accept the appointment as registered familiar with, and accept the children of 507.0505, Florida Statutes. rygistered office fagent, Fam that I has gettered Agent buy about long and when necessaring CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THE 1.1 Mb F Change NAME SANTANA, ALFONSO 1.2 NAME STHEET ADDRESS 1442 WELSON RD. 1.3 STREET ADORESS ORLANDO FL C(IY-SI-7)P 14 CITY - ST - ZIP TITLE DELETE 2.1 Tif. E Charige Maddition Addition COLON, ALMA NAME 2.2 NAME 1442 WELSON RD. STREET ADDRESS 2.3 STHEET ADDRESS ORLANDO FL C(TY - S1 - Z(P 2.4 City - \$1 - ZIP TITLE DELETE Change Addition 3.1 III.E NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - S1 - ZIP DELETE TITLE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - S1 - ZIP DELETE Addition TITLE 5 1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHY S' - 70 TITLE DELETE 6-1 THE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STHEFT ADDRESS CITY - ST - ZIP 64 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)(6). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oally, that I am an officer or director of the configuration of the receiver or trustee empowered to execute this report as required by Chapter 407. Florida Statutes, and that my name appears in Block 12 or Block 13 if the person on an officer or many than an address.

Emytime Strone #

SIGNATURE:

22

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR