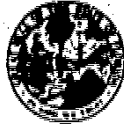


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**95 MAY - 1 PM 4: 23**

**DOCUMENT # S98032 (3)**

1. Corporation Name  
**THE FLAGLER STREET LAUNDRY INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**3807 WEST FLAGLER ST. MIAMI FL 33134**

3. Date Incorporated or Qualified **12/02/1991** 3a. Date of Last Report **02/24/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **65-0300251** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

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 Current Registered Agent

10. Name and Address of New Registered Agent

**ACOSTA, ELVIRA  
10532 S.W. 117TH STREET  
MIAMI FL 33156**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                              |
|-----------------|------------------------------|
| TITLE           | <b>P</b>                     |
| NAME            | <b>ACOSTA, ELVIRA</b>        |
| STREET ADDRESS  | <b>10532 S.W. 117 ST</b>     |
| CITY - ST - ZIP | <b>MIAMI FL</b>              |
| TITLE           | <b>ST</b>                    |
| NAME            | <b>ACOSTA, JORGE A.</b>      |
| STREET ADDRESS  | <b>10532 S.W. 117 STREET</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |

|                     |  |
|---------------------|--|
| 1 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1 2 NAME            |  |
| 1 3 STREET ADDRESS  | <b>60000 1488356</b>   |
| 1 4 CITY - ST - ZIP | <b>-05/16/95 --01023--002</b>  |
| 2 1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME            | <b>****200-00 ****200-00</b>   |
| 2 3 STREET ADDRESS  |  |
| 2 4 CITY - ST - ZIP |  |
| 3 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3 2 NAME            |  |
| 3 3 STREET ADDRESS  |  |
| 3 4 CITY - ST - ZIP |  |
| 4 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4 2 NAME            |  |
| 4 3 STREET ADDRESS  |  |
| 4 4 CITY - ST - ZIP |  |
| 5 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5 2 NAME            |  |
| 5 3 STREET ADDRESS  |  |
| 5 4 CITY - ST - ZIP |  |
| 6 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Elvira Acosta*  
5/1/95 305-54109333  
RW