

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00am
Secretary of State

02-19-1999 90016 005 ***150.00

DOCUMENT # **V10099**

1. Corporation Name
SANTA MONICA LAUNDRY & CAFETERIA INC.

Principal Place of Business
**76 PALM AVE.
HIALEAH FL 33010**

Mailing Address
**476 PALM AVE.
HIALEAH FL 33010**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1992	
i Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0310197	
City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RAMON HERNANDEZ 7015 W 33RD LN HIALEAH GDNS FL 33016				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	
i. 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 reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. TITLE	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
5. NAME	6. TITLE	2.1 TITLE	2.2 NAME
7. STREET ADDRESS	8. CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
9. NAME	10. TITLE	3.1 TITLE	3.2 NAME
11. STREET ADDRESS	12. CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
13. NAME	14. TITLE	4.1 TITLE	4.2 NAME
15. STREET ADDRESS	16. CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
17. NAME	18. TITLE	5.1 TITLE	5.2 NAME
19. STREET ADDRESS	20. CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
21. NAME	22. TITLE	6.1 TITLE	6.2 NAME
23. STREET ADDRESS	24. CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

305-885-5662

CR2E034 (1/198)