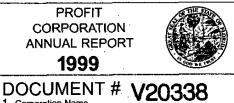
**PROFIT** CORPORATION ANNUAL REPORT 1999

GLOBAL LAUNDRIES INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90045 028 \*\*\*150.00

Principal Place of Business		Mailing Address			# 1881 Blidte instrumente riede reibe reibe	its Elbit Aidre mider an	#)( #}#() (##)	
6440 NE 4TH CT		6440 NE 4TH CT			• .			
MIAMI FL 33138		MIAMI FL 33138			DO NOT WRITE IN THIS SPACE			
us us us					3. Date Incorporated or Qualifed			l
	•				03/11/1992			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	App	lied For	
21		26			65-0319548	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		ĺ
22		27			Fee Req	·	شيد	
City & State		City & State		6. Election Campaign Financing	\$5.00 \	•		
23		28		Trust Fund Contribution	Added to	rees	ı	
Zip Country .		Zip	<b>—</b>		8. This corporation owes the current year Intangible Personal Property Tax.			ĺ
24	25	29	30		10. Name and Address of New Register			ĺ
	9. Name and Address of Curre	nt Registered Agent		81 Name	To Hame and Madicas of How Hospitals.			١
MOS	SCONI, GIUSEPPE	•						1
6550 N.W. 4TH CT.			1	82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
	NTATION FL 33317		ł	83				
	•		ļ			11 0		1
				84 City	F	<b>E 85</b> Zip C	oae	ļ
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 607.0505, Fl	authorized orida Statu	tes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as reg	egistered istered	
Signature, typed or printed name of registered age  12. OFFICERS At		NOTE: REALIZED TO THE PROPERTY OF THE PROPERTY		Ageni signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	R\$ IN 12	5
TITLE	PST	DELETE	13.	LE		Change	Addition	3
NAME	MOSCONI, GIUSEPPE		1.2 NA	ME				; ا
STREET ADDRESS	6550 N.W. 4TH CT.	•	1.3 ST	REET ADDRESS				1
CITY-ST-ZIP	PLANTATION FL			Y-ST-ZIP				] 8
TITLE		☐ DELETE	2.1 TiT	LE		Change	Addition	۱ ٔ
NAME	,		2.2 NA	ME				ļ
STREET ADDRESS		•	2.3 ST	REET ADDRESS				1
CITY-ST-ZIP	· · · · · ·	-	2.4 CI	TY-ST-ZIP				1-
TITLE		☐ DELETE	3.1 ∏⊺	LE		Change	☐ Addition	1
NAME			3.2 NA	ME				
STREET ADDRESS		•	3.3 ST	REET ADDRESS				
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP				┨
TITLE		☐ DELETE	4.1 TIT	Œ		☐ Change	☐ Addition	Į
NAME		•	4.2 N/	WE				ł
STREET ADDRESS			4.3 ST	REET ADDRESS	•			ł
CITY-ST-ZIP				Y-ST-ZIP	<u></u>	Chagge	☐ Addition	}
TITLE		☐ DELETE	5.1 TIT	1		☐ Change		1
NAME			5.2 NA					1
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	<u> </u>		5.4 C(1 6.1 T)T	Y-ST-ZIP		Change	Addition	1
TITLE		☐ DELETE	6.2 NA	\ \				1
NAME	1		V.2.10					
STREET ADDRESS			E 2 CT	REET ADDRESS				1

14. 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 feetiver 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 an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SEQUIRED