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

PROFIT CORPORATION ANNUAL REPORT

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

(5)

DOCUMENT # V39690 GRAND AVENUE COIN LAUNDRY, INC. Principal Place of Business Mailing Address 3305 GRAND AVE P.O. BOX 1945 COCONUT GROVE FL 33233 MIAMI FL 33133 3. Date Incorporated or Qualified 3a. Date of Last Report 05/28/1992 01/30/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0344402 26 Not Applicable Suite Apt. # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 ingible tax under s. 199,032, Zφ Country Ζıp Country 8. This corporation has liability for in 30 Florida Statutes Yes ☐ No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ALTMAN STUART H 100 SE 20 St., 17TH FLOOR 81 Name Street Address (O. Bex Number is Not Acceptable) 82 MIAMI FE 33181 City 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 Buy after Hyperical product name of regestered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PST DELETE Change Addition 1.1 TITLE THE CARROLL, C. A. NAME 1.2 NAME 4100 MALAGA AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP ST DELETE 2.1 TITLE Change Addition TITLE CARROLL, M J 2.2 NAME NAME 4100 MALAGA AVE STREET ADORESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY - ST - ZIP CHY-S1-7IP DELETE Change Addition THE 3.1 TITLE NAM² 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-7IP CITY - ST - 7IF DELETE 4.1 TITLE Change Addition 7016 h(AM)4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CDY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TILLE 51 TITLE Change NAME **5.2 NAME** STREET ACIDRESS 5.3 STREET ADORESS 54 CITY-ST-ZIP CITY: \$1:70 DELETE Addition 6.1 TITLE TILL NAME 6.2 NAME STREET ADDRESS 6.3 STREFT ADDRESS CITY-ST-7# 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this armust report of supplemental annual report is free and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the poporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

on an attachment with ar