

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P-9400076797
1. Corporation Name
REF. SERVICE CORP.

Principal Place of Business Mailing Address
520 VALENIA AVE #4
CORAL GABLES, FL, 33134

2. Principal Office of Business
3a. Mailing Address
3b. State, Apt #, etc.
3c. City & State
3d. Zip
3e. Country

8. Date Incorporated or Qualified 03/19/95
9. Date of Last Renewal 1997
4. FLE Number 65-253123-2
5. Certificate of Status Desired
6. Stock Commission Financing Trust Fund Contribution
7. This corporation has liability for applicable tax under s. 199.032, Florida Statute Yes No

9. Name and Address of Current Registered Agent
EDMUNDO GURTEZ

10. Name and Address of New Registered Agent
11. Name
12. Street Address (P.O. Box Number is Not Applicable)
13. City

11. I am hereby certifying that the information supplied with this filing does not conflict with the information stated in Section 118.07(3)(c), Florida Statute. 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, then and there, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)	
12. NAME EDMUNDO GURTEZ	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. STREET ADDRESS		12. NAME	
14. CITY - ST - ZIP	<input type="checkbox"/> DELETE	13. STREET ADDRESS	
15. NAME		14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. STREET ADDRESS		15. TITLE	
17. CITY - ST - ZIP	<input type="checkbox"/> DELETE	16. NAME	
18. NAME		17. STREET ADDRESS	
19. STREET ADDRESS		18. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. CITY - ST - ZIP	<input type="checkbox"/> DELETE	19. TITLE	
21. NAME		20. NAME	
22. STREET ADDRESS		21. STREET ADDRESS	
23. CITY - ST - ZIP	<input type="checkbox"/> DELETE	22. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		23. TITLE	
25. STREET ADDRESS		24. NAME	
26. CITY - ST - ZIP	<input type="checkbox"/> DELETE	25. STREET ADDRESS	
27. NAME		26. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. STREET ADDRESS		27. TITLE	
29. CITY - ST - ZIP	<input type="checkbox"/> DELETE	28. NAME	
30. NAME		29. STREET ADDRESS	
31. STREET ADDRESS		30. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. CITY - ST - ZIP	<input type="checkbox"/> DELETE	31. TITLE	
33. NAME		32. NAME	
34. STREET ADDRESS		33. STREET ADDRESS	
35. CITY - ST - ZIP	<input type="checkbox"/> DELETE	34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME		35. TITLE	
37. STREET ADDRESS		36. NAME	
38. CITY - ST - ZIP	<input type="checkbox"/> DELETE	37. STREET ADDRESS	
39. NAME		38. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. STREET ADDRESS		39. TITLE	
41. CITY - ST - ZIP	<input type="checkbox"/> DELETE	40. NAME	
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44. CITY - ST - ZIP	<input type="checkbox"/> DELETE	43. TITLE	
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47. CITY - ST - ZIP	<input type="checkbox"/> DELETE	46. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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49. STREET ADDRESS		48. NAME	
50. CITY - ST - ZIP	<input type="checkbox"/> DELETE	49. STREET ADDRESS	
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71. CITY - ST - ZIP	<input type="checkbox"/> DELETE	70. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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83. CITY - ST - ZIP	<input type="checkbox"/> DELETE	82. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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86. CITY - ST - ZIP	<input type="checkbox"/> DELETE	85. STREET ADDRESS	
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SIGNATURE: [Signature] 04/29/97
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR