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APPROVED AND FILED

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Markham
Secretary of State
Tallahassee, Florida 32399-0001

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44629** (1)
1. Corporation Name
SAFECO SERVICE, INC.

Principal Place of Business: **2205 NW 23 AVE MIAMI FL 33142**
Mailing Address: **2205 NW 23 AVE MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
State: **22** City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26**
State: **27** City & State: **28**
Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **04/08/1991** 3a. Date of Last Report: **05/24/1994**
4. FEI Number: **65-0347521** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DUARTE, ELENA C.
2205 NW 23 AVE
MIAMI FL 33142**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ **FL** 85 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 607.0503, Florida Statutes.

SIGNATURE: _____
Corporate Type of Corporation: _____ Registered Agent with: _____
Signature of Agent: _____

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	DUARTE, ELENA C.
STREET ADDRESS	2205 NW 23 AVE
CITY, ST, ZIP	MIAMI FL
TITLE	TD
NAME	DUARTE, ELENA C.
STREET ADDRESS	2205 NW 23 AVE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 199.02(1)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or liquidator appointed to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an additional form with an address.

SIGNATURE: **ELENA DUARTE** 4-28-95 **6557288**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR