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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997 DOC 1. Corpo LAC Principal 3808 S.W CORAL G US 2. Princi

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Mar 14 1997 8:00am

Secretary of State

	MENT # V58456  OODSERVICE CORPORATION					
LAUE F	OODSERVICE CORPORATIO					
Principal Place of Business 3808 S.W. 6TH STREET		Mailing Address P.O. BOX 652953		4 1854s Baines Blies (Blat Gran allia at	)	.1 WEBL! 1881
CORAL GABLES FL 33134-3002		MIAMI FL 33265-2953				
US		US		3. Date Incorporated or Qualified	3a. Date of Last F	Report
				08/18/1992	03/12/1996	
7 10 10 1 1/2 1/ Some		2a. Mailing Address		4. FEI Number		pplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0359770		ot Applicable Additional
22		27		5. Certificate of Status Desired		equired
City & State  A MIAMI - FLORIDA		City & State		Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip' Country 24 23/72 25 29		Z(p)	Country 30	Florida Statutes September 3.		3. 199.032,
	9. Name and Address of Current	Registered Agent	01 N	10. Name and Address of New Ro	gistered Agent	
FERNANDEZ, LUIS H.				BI Name LUIS H. BRUANDEZ		
3808 SOUTHWEST 8TH STREET CORAL GABLES FL 33134			82 Street A	Address (P.O. Box Number is Not Acceptable)		
001	ME CADEED IE SSIST		83		<u> </u>	
$\Omega$			84 City	PIAMI	FL 85 240	Code 72
11. Pursuant	to the propertions of Sections 607.0502	and 607 1509. Florida Statut	es, the above named of			its registered
agent. I a	egista oo agent, or both, in the State i m familial with, and accept the obliga	of Florida? Such change was a tity's of Section 607 0505, Fig	orida Statutes.	orporation submits this statement for the oration's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE	1001	4 I EKNANK	- TRES	12621	3/10/7/	
12.	Signature Typed or printed name of registered ager OFT ICERS AND		Fit gistered Agest 5 guature re	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	3S IN 12
TITLE	PT	DELFTE	1.1 TITLE	PRESIDENT	Change	RS IN 12 G
NAME	FERNANDEZ, LUIS H.		1.2 NAME	Juis H JUKNAP	DGY	
STREET ADDRESS	3808 S.W. 8TH STREET		1.3 STREET ADDRESS	10490 NW 400	182551	FOR
CITY-ST-ZIP	CORAL GABLES FL	Listical	1.4 Cn Y - ST - 7)P	18/1/1/1 - 10 20	21/2	Addition C
TITLE	FERNANDEZ, LUIS C.	L_I DELETE	2.1 TITLE 2.2 NAME	VINIC FERNAN	A Change	L Addition C
NAME STREET ADORESS	3808 S.W. 8TH STREET		2.3 STREET ADDRESS	10490 NW 263	STREET	-
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY - ST - ZIP	MIAMI -FL 3	3172	
TITLE		DELFIE	317/11/6		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY+ST-ZIP			
TITLE		□ DELETE	4.1 1ITLE		Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 C(1Y - S1 - Z(P		Change	Addition
TITLE NAME		ب مراد	5.1 TITLE 5.2 NAME		L Change	Audition .
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 City-St-ZiP			
TITLE		DELLTE	6.1 THL		Change	Addition
NAME			6.2 NAME		· ·	ľ
STREET ADDRESS	•		6.3 S1RÉCT ADDRESS			
CITY-ST-ZIP			6.4 CITY- ST- 7IP			
14. I do heret	by certify that the information acoptied	with this filing does not quali	fy for the exemption sta	ted in Section 119.07(3)(i), Florida Statute	as I further certify that	the

CITY-ST-ZIE 14. For hereby certify that the information couplied 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 amount 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 properties or in 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 12 in chipmed, or on an attachment with an accuracy.