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Jan 23, 1999 8:00am

**Secretary of State** 

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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 662277

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SERVITECH CORP.

Principal Place of Business

606	AVE	907 PONCE DE LEON BLY	VD.		•		
606 CORAL GABLES FL 33135 CORAL GABLES FL 33134			ı		DO NOT WRITE IN THIS SPACE		
US	20 12 00/03 2	US.	1		Date Incorporated or Qualifect		
~	Contract of	00			7	,	
	Place of Business	2a. Mailing Address			04/30/1980	· · · · · · · · · · · · · · · · · · ·	
	ace of business	— <u> </u>			4. FEI Number	- ('	plied For
21		26			59-2004309	1 2 1 1	t Applicable
Suite, 'Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>√ \$8:75</b> /	
22		27				Fee Re	quired
City & Sta	te	City & State			6. Election Campaign Financing	□ \$5.00	Mav Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	4	8. This corporation owes the cur	rent year Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New	Registered Agent	
			81	Name			
	E, YOLANDA		_				
ેંે 573	9 NW 7TH ST		82	Street Add	Iress (P.O. Box Number is Not Accept	able)	,
	MI FL 33126		83		68 32 WE 18 18 18 18 18 18 18 18 18 18 18 18 18	e die ie bij wie is nicht is die bij gebiede. Oprij komfoglijing gebol i delok bij die b	St. 16   6   17   17   17   17
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	2 and 607.1508, Florida Statut	es, the above	e-named corp	poration submits this statement for the	purpose of changing its	registered
CO agent 1 a	registered agent, or both, in the state t	or Florida. Such change was a	utnorized by	tne corporation	ion's board of directors, I hereby acce	pt the appointment as reg	gistered
	ini lamiliai with, and accept the obligat	ions of, Section 607.0505, Fio	rida Statutes	ì.			
	im ramiliar with, and accept the obligati	ions of, Section 607.0505, Fio	rida Statutes	š. `			
SIGNATURE	Signature, typed or printed name of registered agent	46			ed when reinstating)	DATE	·
SIGNATURE	e de la companya de l	t and title if applicable. (NOTE				DATE	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Ager		ed when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	if and title if applicable. (NOTE D DIRECTORS	: Registered Ager		ed when reinstating)	DATE FICERS AND DIRECTO	RS IN 12
SIGNATURE  12.  ITILE  NAME	Signature, typed or printed name of registered agent OFFICERS ANI DS GARCIA, EDUARDO	if and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)	DATE FICERS AND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND OS GARCIA, EDUARDO 13254 S W 13 STREET	: () I and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature require	ed when reinstating)	DATE FICERS AND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DS GARCIA, EDUARDO 13254 S W 13 STREET MIAMI, FL 0	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S'	nt signature require	ed when reinstating)	DATE FICERS AND DIRECTO Change	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND OS GARCIA, EDUARDO 13254 S W 13 STREET MIAMI, FL 0 DPD	: () I and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE! 1.4 CITY-S' 2.1 TITLE	nt signature require	ed when reinstating)	DATE FICERS AND DIRECTO	RS IN 12
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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 of 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 13 if changed, of an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

CR2E034 (11/98)