

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

**FILED**

**Jan 29 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 549471 (1)**

1. Corporation Name  
**BIRD ROAD SERVICENTER, INCORPORATED**

Principal Place of Business  
**7625 S.W. 40TH ST.  
MIAMI FL 33155**

Mailing Address  
**7625 S.W. 40TH ST.  
MIAMI FL 33155-6639**



3. Date Incorporated or Qualified  
**10/18/1977** 3a. Date of Last Report  
**04/18/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number  
**21** **26** **59-1764301**

Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For  
**22** **27** **Not Applicable**

City & State City & State 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DIAZ, JOSE  
7625 S.W. 40TH ST.  
MIAMI FL 33155**

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>PD DIAZ, JOSE</b>	<b>7625 S.W. 40TH ST.</b>	<b>MIAMI FL</b>				
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<b>SD PEREZ, ENRIQUE</b>	<b>7625 S.W. 40TH ST.</b>	<b>MIAMI FL</b>				
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE						

14. I do 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 or 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, or on an attachment with an address.

**SIGNATURE:** **REQUIRED**

**1/21/97**

Date Daytime Phone # **0211439**

CR2E034 (9/96)