

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F19946 (5)**  
1. Corporation Name  
**SERV-EDIT INTERNATIONAL, INC.**



Principal Place of Business: **6355 NW 36TH ST. VIRGINIA GARDENS FL 33166-7027**  
Mailing Address: **6355 NW 36TH ST. VIRGINIA GARDENS FL 33166-7027**

3. Date Incorporated or Qualified: **02/17/1981**  
3a. Date of Last Report: **05/01/1995**  
4. FL Number: **59-2052341** 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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21: Suite, Apt. #, etc.  
22: City & State  
23: Zip  
24: Country  
26: Suite, Apt. #, etc.  
27: City & State  
28: Zip  
29: Country  
30: Country

9. Name and Address of Current Registered Agent

**SPENCER, THOMAS R., JR.  
801 BRICKELL AVENUE, SUITE #1901  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name: **Gomez, Cristina**  
82 Street Address (P.O. Box Number is Not Acceptable): **6355 N.W. 36 Street**  
83  
84 City: **Virginia Gardens** FL 85 Zip Code: **33166**

11. Pursuant to the provisions of Sections 607.0102 and 607.1108, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0105, Florida Statutes.

SIGNATURE: *Cristina Gomez* **Cristina Gomez, Secretary** 3/11/96

12. OFFICERS AND DIRECTORS

TITLE	<b>DCEP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GONZALEZ-LEWIS, GUSTAVO</b>	
STREET ADDRESS	<b>6355 NW 36 STR</b>	
CITY-STATE-ZIP	<b>VIRGINIA GDNS FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPENCER, THOMAS R., JR.</b>	
STREET ADDRESS	<b>801 BRICKELL AVE. #1901</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREUDE, MARIO A</b>	
STREET ADDRESS	<b>6355 NW 36 STR</b>	
CITY-STATE-ZIP	<b>VIRGINIA GDNS FL 33166</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MODIA, CARLOS M</b>	
STREET ADDRESS	<b>6355 NW 36 STR</b>	
CITY-STATE-ZIP	<b>VIRGINIA GDNS FL 33166</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LLERENA, ADA G. ESQ</b>	
STREET ADDRESS	<b>6355 NW 36TH STREET</b>	
CITY-STATE-ZIP	<b>VIRGINIA GARDENS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>DP</b>
13 STREET ADDRESS	<b>Ing. Antonio Garcia</b>
14 CITY-STATE-ZIP	<b>6355 N.W. 36 Street</b>
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>S</b>
23 STREET ADDRESS	<b>Cristina Gomez</b>
24 CITY-STATE-ZIP	<b>6355 N.W. 36 Street</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>DT</b>
33 STREET ADDRESS	<b>Rafael Schuck</b>
34 CITY-STATE-ZIP	<b>6355 N.W. 36 Street 33166</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Virginia Gardens, FL</b>
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 a fullness.

SIGNATURE: *Cristina Gomez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Cristina Gomez, Secretary**

3/11/96 305-871-6400

CR2E034 (12/95)