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May 05 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 # **F19946** (5)

1. Corporation Name  
**SERVI-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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/17/1981</b>		3a. Date of Last Report <b>03/20/1996</b>	
21. <b>6355 N W 36 STREET</b>		26. <b>6355 N W 36 STREET</b>		4. FEI Number <b>59-2052341</b>		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State <b>VA GARDENS FL</b>		28. City & State <b>VA GARDENS FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip <b>33166</b>		25. Country <b>USA</b>		29. Zip <b>33166</b>		30. Country <b>USA</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**GOMEZ, CRISTINA  
6355 NW 36TH ST  
VIRGINIA GARDENS FL 33166**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCEP</b>	1.1 TITLE	<b>DCEP</b>
NAME	<b>GONZALEZ-LEWIS, GUSTAVO</b>	1.2 NAME	<b>GARCIA ANTONIO</b>
STREET ADDRESS	<b>6355 NW 36 STR</b>	1.3 STREET ADDRESS	<b>6355 N W. 36th STREET</b>
CITY - ST - ZIP	<b>VIRGINIA GDNS FL</b>	1.4 CITY - ST - ZIP	<b>VA. GARDENS, FL 33166</b>
TITLE	<b>S</b>	2.1 TITLE	
NAME	<b>GOMEZ, CRISTINA</b>	2.2 NAME	
STREET ADDRESS	<b>801 BRICKELL AVE. #1901</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DT</b>	3.1 TITLE	
NAME	<b>RAFAEL, SCHUCK</b>	3.2 NAME	
STREET ADDRESS	<b>6355 NW 36 STR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VIRGINIA GDNS FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	4.1 TITLE	
NAME	<b>MODIA, CARLOS M</b>	4.2 NAME	
STREET ADDRESS	<b>6355 NW 36 STR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VIRGINIA GDNS FL 33166</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)