

DOCUMENT # F99000004791

FILED
Mar 08, 2001 8:00 am
Secretary of State

COU32110



Principal Place of Business		Mailing Address	
C/O FINSER CORPORATION 550 BILTMORE WAY, SUITE 900 CORAL GABLES FL 33134		C/O FINSER CORPORATION 550 BILTMORE WAY, SUITE 900 CORAL GABLES FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite; Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 98-0211145	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

- 7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MACTAVIOUS, ANNETTE	
STREET ADDRESS	OMAR HODGE BLDG., 2ND FL, WICKHAMS CAY	
CITY-ST-ZIP	ROAD TOWN, TORTOLA, B.V.I.	

TITLE	S	<input type="checkbox"/> Delete
NAME	MALONE, JANE	
STREET ADDRESS	OMAR HODGE BLDG., 2ND FL, WICKHAMS CAY	
CITY - ST - ZIP	ROAD TOWN, TORTOLA, B.V.I.	

TITLE	D	<input type="checkbox"/> Delete
NAME	SERVCO LIMITED	
STREET ADDRESS	OMAR HODGE BLDG., 2ND FL, WICKHAMS CAY	
CITY - ST - ZIP	ROAD TOWN, TORTOLA, B.V.I.	

TITLE	AS	<input type="checkbox"/> Delete
NAME	HERNANDEZ, EDUARDO L	
STREET ADDRESS	550 BILTMORE WAY, SUITE 900	
CITY - ST - ZIP	CORAL GABLES FL 33134	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME _____
 STREET ADDRESS _____
 CITY- ST- ZIP _____

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo L. Hernandez

3/5/01

305-442-3405

Date _____

Daytime Phone #

0164539