

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H23834** (5)
1. Corporation Name
CLOVERLEAF SERVICENTER INC.



Principal Place of Business: **5 N.W. 167TH STREET MIAMI FL 33169-6017**
Mailing Address: **5 N.W. 167TH STREET MIAMI FL 33169-6017**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1984	3a. Date of Last Report 04/28/1995
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-2454287	Applied For Not Applicable
25. Country	26. Suite, Apt #, etc.	27. City & State	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Country	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
URBIETA, IGNACIO 3890 W COMMERCIAL BLVD SUITE 216 TAMARAC FL 33309				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBIETA, IGNACIO	2. NAME	
STREET ADDRESS	1201 S OCEAN DR APT 1402	3. STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4. CITY-ST-ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBIETA, GUILLERMO	6. NAME	
STREET ADDRESS	25 CASTLE HARBOR	7. STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	8. CITY-ST-ZIP	
TITLE	D	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBIETA, IGNACIO, JR.	10. NAME	
STREET ADDRESS	15720 TURNBERRY DRIVE	11. STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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: *Ignacio Urbieto Jr* DATE: *4/15/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ignacio Urbieto Jr

CR2E034 (12/95)