

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L29054**

**(8)**

1. Corporation Name

**SERVICE MART U.S.A., INC.**

Principal Place of Business

**4800 NORTHWEST 167TH STREET  
MIAMI FL 33014**

Mailing Address

**4800 NORTHWEST 167TH STREET  
MIAMI FL 33014**

APPROVED  
AND  
FILED

55 MAY -1 PM 7:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/13/1989**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**65-0356778**

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 3450 NW 112 ST**

2a. Mailing Address

**26 3450 NW 112 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 MIAMI FL**

City & State

**28 MIAMI FL**

Zip

**33167**

Country

**US**

Zip

**33167**

Country

**US**

9. Name and Address of Current Registered Agent

**SANDLER, KENNETH  
4700-B SHERIDAN ST  
HOLLYWOOD FL 33021**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS  | CITY - ST - ZIP |
|-------|-------------------|-----------------|-----------------|
| VP    | WEINBERG, MORLEY  | 4850 NW 167 ST. | MIAMI FL        |
| S     | PETTORINO, JOSEPH | 4850 NW 167 ST. | MIAMI FL        |
| P     | PERLMAN, ROBERT   | 4900 NW 167 ST  | MIAMI FL        |
|       |                   |                 |                 |
|       |                   |                 |                 |
|       |                   |                 |                 |
|       |                   |                 |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY - ST - ZIP | 5. Change                           | 6. Addition              |
|----------|---------|-------------------|--------------------|-------------------------------------|--------------------------|
|          |         |                   |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/>            | <input type="checkbox"/> |

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)(b), 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 of this filing or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT PERLMAN**

**4/1/95**

**(305) 688-7400**

Date

Telephone Number