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Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90100 046 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L29054

1. Corporation Name  
SERVICE MART U.S.A., INC.

Principal Place of Business

3450 NW 112 ST.  
MIAMI FL 33167  
US

Mailing Address

3450 NW 112 ST.  
MIAMI FL 33167  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1989

4. FEI Number

65-0356778

Applied For

Not Applicable

5. Certificate of Status Desired - ☐ Yes ☒ No

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ Yes ☒ No

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3400 SW 42 ST

Suite, Apt. #, etc.

22 City & State  
HOLLYWOOD FL

Zip

24 3331V

Country

25 US

2a. Mailing Address

26 3400 SW 42 ST

Suite, Apt. #, etc.

27 City & State  
HOLLYWOOD, FL

Zip

29 3331V

Country

30 US

9. Name and Address of Current Registered Agent

YOUNG, PAUL

1630 N. FEDERAL HWY.

FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name

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

ONE EAST BROWARD BLVD

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME PERLMAN, ROBERT

STREET ADDRESS 3450 NW 112 ST

CITY-ST-ZIP MIAMI FL 33167

TITLE P ☐ DELETE

NAME PERLMAN, MICHAEL

STREET ADDRESS 3450 NW 112 ST

CITY-ST-ZIP MIAMI FL 33167

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS 3400 SW 42 ST

1.4 CITY-ST-ZIP HOLLYWOOD FL 3331V

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS 3400 SW 42 ST

2.4 CITY-ST-ZIP HOLLYWOOD FL 3331V

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/99 954-797-4000

Daytime Phone #

CR2E034 (11/98)