

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 # **L86140** (5)

1. Corporation Name

SERVI MEDIC, INC.



Principal Place of Business

**3900 NORTHWEST 79TH AVENUE
MIAMI FL 33166**

Mailing Address

**3900 NORTHWEST 79TH AVENUE
STE 219
MIAMI FL 33166
US**

3. Date Incorporated or Qualified

07/05/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **8553 NW 68 ST,**

26 **8553 NW 68 ST**

4. FEI Number

65-0205064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **MIAMI FL**

28 **MIAMI, FL**

Zip

Country

Zip

Country

24 **33166**

25 **U.S.A.**

29 **33166**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEONARDO O. MACIAS
11492 QUAIL ROAST DRIVE
MIAMI FL 33157**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Leonardo O. Macias

(NOTE: Registered Agent signature required when reinstating)

4/26/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE
NAME **GUTIERREZ, GAMAL A.**
STREET ADDRESS **5000 N.W. 79TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

1 1 TITLE **PTD** ☒ Change ☐ Addition
12 NAME **GUTIERREZ, GAMAL A.**
13 STREET ADDRESS **5000 NW 68 ST,**
14 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE **VSD** ☒ DELETE
NAME **DE FRANCIS, JUDITH NG**
STREET ADDRESS **5000 N.W. 79TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

2 1 TITLE **SEC.** ☐ Change ☒ Addition
22 NAME **LOZADA, DIANA V.**
23 STREET ADDRESS **8553 NW 68 ST,**
24 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, unchanged, or on an attachment with an address.

SIGNATURE:

Leonardo O. Macias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

DATE

Daytime Phone #

232.4722

CR2E034 (12/95)