

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000042043 (8)**

1. Corporation Name

**SERVICOMP, INC.**



Principal Place of Business

**1385 WEST 72ND STREET  
HIALEAH FL 33014**

Mailing Address

**1385 WEST 72ND STREET  
HIALEAH FL 33014**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**ROS, MARIA V  
3760 S.W. 82ND AVE.  
MIAMI FL 33155**

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**06/08/1993**

3a. Date of Last Report

**04/06/1995**

4. FID Number

**65-0418314**

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. 199.042, Florida Statutes:  Yes  No

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 Section 607.01(2)(a) and (b), Florida Statutes, the above named corporation hereby files 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(2)(c), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE  OFFICER  DIRECTOR

**D  
NAME: RADICE, LOURDES M  
STREET ADDRESS: 1385 WEST 72ND ST.  
CITY-STATE-ZIP: HIALEAH FL 33014**

TITLE  OFFICER  DIRECTOR

**D  
NAME: RADICE, ALBERTO A  
STREET ADDRESS: 1385 WEST 72ND ST.  
CITY-STATE-ZIP: HIALEAH FL 33014**

TITLE  OFFICER  DIRECTOR

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  OFFICER  DIRECTOR

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  OFFICER  DIRECTOR

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  OFFICER  DIRECTOR

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this form is a true and correct copy of the records established by Section 119.07(3)(a), Florida Statutes. I further certify that the information is based on the same in respect of supplemental annual reports filed and accepted, 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. If there is or has been a power to revoke this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, it changed, or an alteration with an address.

SIGNATURE:

*Lourdes Radice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)