

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000067167 (5)

1. Corporation Name
FLORIDA I.V. SERVICES, INCORPORATED

Principal Place of Business

12230 SW 130 ST
MIAMI FL 33186
US

Mailing Address

12230 SW 130 ST
MIAMI FL 33186-6217
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1993		3a. Date of Last Report 03/18/1996	
21		26		4. FEI Number 65-0444297		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

SCHNEIDER, MARK
12120 SW 112TH AVE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name	MARK SCHNEIDER
82 Street Address (P.O. Box Number is Not Acceptable)	12230 SW 130 ST
83	
84 City	MIAMI
85 Zip Code	FL 33186

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 *Mark Schneider* MARK SCHNEIDER DATE 4-15-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, MARK	1.2 NAME	SALAZAR, GUILLERMO
STREET ADDRESS	12120 SW 112TH AVE	1.3 STREET ADDRESS	380 LUCADENDRA
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	PERKINS, HAVEN	2.2 NAME	
STREET ADDRESS	253 LESLIE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	LESTER, KENNETH	3.2 NAME	
STREET ADDRESS	381 LAZEY ACRES LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Mark Schneider* VAP 4-15-97 305254 0877

CR2E034 (9/96)