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FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000024744 (1)

1. Corporation Name  
SERVIMEX, INC.

Principal Place of Business

1800 WEST 49TH ST.  
SUITE 209  
HIALEAH FL 33012

Mailing Address

1800 WEST 49TH ST.  
SUITE 209  
HIALEAH FL 33012-2946



3. Date Incorporated or Qualified  
03/28/1995

3a. Date of Last Report  
05/14/1996

4. FEI Number

65-0574391

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 5385 W 20 AVENUE

Suite Apt. #, etc.

22

City & State

23 HIALEAH, FL

Zip

24 33012

Country

25 U.S.A.

2a. Mailing Address

26 5385 W 20 AVENUE

Suite Apt. #, etc.

27

City & State

28 HIALEAH, FL

Zip

29 33012

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SILVA, JUAN CARLOS  
7215 MIAMI LAKES DRIVE  
#A-18  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

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

7110 FAIRWAY DRIVE

83 # 9

84 City MIAMI LAKES

FL

85 Zip Code

33014

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: JUAN C. SILVA VICE PRESIDENT

1-30-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PD  
SILVA, SANDRA  
7110 FAIRWAY DRIVE #9  
MIAMI LAKES FL

TITLE NAME ☐ DELETE

VD  
SILVA, JUAN CARLOS  
7110 FAIRWAY DRIVE  
MIAMI LAKES FL

TITLE NAME ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Sandra Silva SANDRA SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97 305-822-3826

Date

Daytime Phone #

CR2E034 (9/96)