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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000044190 (3)

SERVEN, INC.

Principal Place of Business

DEERFIELD E	I ST BEACH FL 33441	DEERFIELD BEACH FL	33441-7048							
								Date of Last Report 02/16/1996		
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number			Applied F	For
21		26				65-0590414			Not Appli	icable
Suite, Apt	1 #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Section 5. Section 5. Certificate of Status Desired Fee Regulated				
City & Sta	ite	City & State				Election Campaign Financing     Trust Fund Contribution		-	00 May B	
Zip	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032,				<b>32</b> ,
24	25	29	30			Florida Statutes	Yes [	] No		
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
Н/	ARMON, BLAKE M			81	Name					
66	5 SE 10TH ST			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	<del></del>		
	JITE 201			83				<del></del>		
UE	ERFIELD BEACH FL 33441									
				84	City		FL	85 Z	ip Code	
office or	it to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the of	tate of Florida. Such change wi	as authorize	o by	the corpora	poration submits this statement for the patients board of directors. I hereby acception's board of directors.	ourpose of of the appo	changing pintment	g its regis as registe	stered ered
SIGNATURE	Signature Typed or printed name of registered	d agent and title if applicable.	NOTE: Registere	d Age	ent signeture requ	ired when reinstaling)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECT	ORS IN 1	2
THILE	D	☐ DELETE	1.1 TI	T.E	<u> </u>			Chang		Addition
NAME	VENTURINO, SERGIO		1.2 N	AME	i					
STREET ADDRESS	000 OF 40TH OT		1.3 \$1	THEET	ADDRESS					
CITY - ST-ZIP	DEERFIELD BEACH FL 334	441	1.4 0	ITY - S	IT-ZIP					
TITLE	D	DELETE	2.1 TI				<del></del>	Chang	)e 🔲 A	Additio
NAME	BETANCOR, GABRIELA		2.2 N	AME						
STREET ADDRESS	AAA OF JOTH OT		2351	TREET	ADDRESS					
CITY-SI-ZIP	DEERFIELD BEACH FL 334	141	1		ST-ZIP					
7716		PELETE	247					Chann		Additio

CITY-ST-ZIP

14. I do hereby certify that the information applied 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 grinnal applied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this grinnal applied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this grinnal applied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this grinnal applied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this grinnal applied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this grinnal applied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this grinnal applied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this grinnal applied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this grinnal applied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certi

3.2 NAME 3.3 STREET ADDRESS

41 THLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TIT\_E

5.2 NAME

6.1 TITUE

62 NAME

3.4. CITY-ST-ZIP

4.4 CITY - ST-ZIP

**5.3 STREET ADDRESS** 

63 STREET ADDRESS

5.4 City - ST-ZIP

SIGNATURE:

NAME

T.TLF NAME

TITLE

NAMI

THE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIF

C:TY - ST - ZIP

CITY - \$1 - ZIF

PLUM SERGIO P. MENTURIN RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PROST PROT

DELETE

DELETE

DELETE

¥28/97

**FILED** 

May 05 1997 8:00am

Secretary of State

1954 -725 340 3

Change

Change

Addition

☐ Addition

Addition