

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000052090 (4)

1. Corporation Name
SERVIAMERICA INC.



Principal Place of Business Mailing Address
~~14044 SW 82 TERRACE MIAMI FL 33193~~ ~~14044 SW 82 TERRACE MIAMI FL 33193~~

| | | | | | | | |
|--------------------------------|---------------------|------------------------|------|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | 14813 SW 82 TERRACE | 26 | | 07/06/1995 | | | |
| 22. Suite, Apt #, etc. | | 27. Suite, Apt #, etc. | | 4. FEI Number | | Applied For | |
| 23. City & State | | 28. City & State | | 65-0593497 | | Not Applicable | |
| 24. Zip | 33193 | 25. Country | DADE | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 29. Zip | | 30. Country | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|--|---------------------|--------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| RODRIGUEZ, ANTONIO J 14044 SW 82 TERRACE MIAMI FL 33193 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | 14813 SW 82 TERRACE | | |
| | | | | 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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Rodriguez* 7-31-96

| | | | | | | | |
|----------------------------|--------------------------------|---------------------------------|--|---|---------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | DP | <input type="checkbox"/> DELETE | | 1.1 TITLE | VP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, ANTONIO J | | | 1.2 NAME | | | |
| STREET ADDRESS | 14044 SW 82 TERRACE | | | 1.3 STREET ADDRESS | 14813 SW 82 TERRACE | | |
| CITY-ST-ZIP | MIAMI FL 33193 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | DP | <input type="checkbox"/> DELETE | | 2.1 TITLE | DP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, EDITH | | | 2.2 NAME | | | |
| STREET ADDRESS | 14044 SW 82 TERRACE | | | 2.3 STREET ADDRESS | 14813 SW 82 TERRACE | | |
| CITY-ST-ZIP | MIAMI FL 33193 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | DS | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, ALEX | | | 3.2 NAME | | | |
| STREET ADDRESS | 14044 SW 82 TERRACE | | | 3.3 STREET ADDRESS | 14813 SW 82 TERRACE | | |
| CITY-ST-ZIP | MIAMI FL 33193 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | DVP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 4.2 NAME | KAREN RODRIGUEZ | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | 14813 SW 82 TERRACE | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | MIAMI, FL 33193 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rodriguez* EDITH RODRIGUEZ: PRES. 7/31/96 (305) 382-9545

CR2E034 (3/96)