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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996

Secretary of State
DIVISION OF CORPORATIONS

1	996	BIVISION OF C			
DOCUM 1. Corporation Na	ENT # P950	00062352 (6)			
'	SERVICE REALTY, INC).			T DERICE HER DELIKE ENDE ERIK ROMI BERIK ROMI BERIK BINIK HERE DINIK HERE DIREK ENDE HER I DERI
Principal Place of	Business	Mailing Address			
6555 N.W. 36Th		6555 N.W. 36TH STREET	r #321		
MIAMI FL 3316	6	MIAMI FL 33166			Date incorporated or Qualified
					08/11/1995
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number Applied For Not Applicable
Suite. Apt. #, i	etc.	Suite, Apt. #, etc.			5 Codificate of Status Desired S8.75 Additional
2		27			Fee Hequired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
3 Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s 199.032,
4	25	29	30		Florida Statutes Yes XNo 10. Name and Address of New Registered Agent
	9. Name and Address of Cur	rent Registered Agent	81	Name	ID. Harris allowards
DIEZ, CAF	RIOS H		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
	7. 36TH STREET #321		83		
MIAMI FL	33166		<u></u>		
			84 City		PL 85 Zip Code Progration submits this statement for the purpose of changing its registered office part of firesters. Thereby accept the appointment as registered agent. Lam
familiar with,	, and accept the obligations of, signature, typed or printed name of registered a	ection 607,0505, Florida Statutes.	E Registered Ager		oard of directors. Thereby accept the appointment as registered agent. I am DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS	AND DIRECTORS DELETE	13.		P/ Change X Addition
TITLE NAME					CARLOS H. DIEZ
STREET ADDRESS			1.3 STREET ADDRESS		17000 NW 67 AVE # 143
CHY-ST-ZIP		C DELETE	14 CITY - ST - ZIP 2 1 TITLE		MIAMI, FL . 33015
TITLE		□ nere i.e.	2.1 IIILE 2.2 NAME		
NAME STREET ADDRESS	rss			T ADDRESS	
CITY - ST - 7iP			2.4 CITY-		Change Addition
TITLE	☐ DELFTE		3 1 TITLE 32 NAME		County 5 years
NAME STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP	34		3 4 C(TY-		Chan Addition
TITLE			4. 1 TITLE	l.	☐ Change ☐ Addition
NAME CARLLA ANDRESS			4.2 NAME	I ADDRESS	•
CHY-ST-ZIP	33		4.4 CITY		
TIFLE			5. 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS 5 4 CITY - ST- ZIP		
THLE		DELETE	6 1 TITLE		Change Addition
NAME	- ■		62 NAME		
STREET ADDRESS			6 3 STREE	ET ADDRESS	
CITY - ST - IP			6.4 CITY		life for the exemption stated in Section 119.07/3/ilk/ Florida Statutes Hurther
14. I do hereby certify that oath; that I appears in	ortify that the information supports the information indicated on this am an officer or director of the colock 12 or Block 13 if changed	iled with this filing is voluntarily furn annual report or supplemental and orporation or the receiver or truste , or on an attachment with an addi-	iisned and do ual report is t e empowered ress.	rue and ac t to execut	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further curate and that my signature shall have the same legal effect as if made under e this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: SIGNATURE AND OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (305) 870-0370