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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P95000070233 (8)

COMSERV INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



14780 S.W. 170TH TERRACE MIAMI FL 33187		14780 S.W. 170TH TERRACE MIAMI FL 33187-1772						
		:			3. Date Incorporated or Qualified 09/12/1995	3a. Date of 06/13/1		eport :
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
21		26			65-0607458			t Applicable
Suite, Ap		Suite, Apt. #, etc.			6. Certificate of Status Desired		3.75 A Fee Re	Additional quired
City & St. 23		City & State			Election Campaign Financing Trust Fund Contribution		5.00 Added to	May Be o Fees
Ζφ 24	Country 25	Zip 29	Country 30	,	8. This corporation has liability for Florida Statutes	intangible tax u Yes 🔲 No		199.032,
	9. Name and Address of Curren	t Registered Agent		·····	10. Name and Address of New Re	gistered Agen	t	
	ROD, ERNEST A		81	Name				
14780 S.W. 170TH TERRACE MIAMI FL 33187				82 Street Address (P.O. Box Number is Not Acceptable)				
ĺ			83					
			84	City		FL 85	Zip C	Code
11. Pursuar office o	nt to the provisions of Sections 607.050, registered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a	s, the abov uthorized b	e-named o	corporation submits this statement for the poration's board of directors, I hereby accept	ourpose of char of the appointm	iging its	registered registered
		itions of, Section 607.0505, Flo	riga Statute	S.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	Registered Ap	ent signature r	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12				
THE	D	DELETE	1.1 TITLE		<i>D</i>	X	hange	☐ Addition
NAME	GIROD		1.2 NAME	I	GIRDD , RANKST A			
STREET ADDRESS	14870 S.W.170TH TERRACE		1.3 STREET	ADDRESS	14780 SW 170 TE	દ		
CiTY - ST - ZIP	MIAMI FL		1,4 CITY-5	ST-ZIP	MIAMI, FL 35187			
TITLE	D	DELETE	2.1 TITLE				hange	Addition
NAME	MASON, MARION G		2.2 NAME	- 1				
STREET ADDRESS	🛮 10621 N. KENDALL DR. SUITE	120	2.3 STREET	ADDRESS	- Ag			
City-St-ZiP	MIAMI FL 33176		2. 4 CITY -	ST-ZIP				
TITLE		DELETE	3.1 TITLE				hange	Addition
NAME	Į.		3.2 NAME					
STREET ADDRESS	5		3.3 STREET	ADDRESS				
CITY-ST-ZIP			3 4. CITY -	ST-ZIP				
TITLE		☐ DELETE	4.1 TIYLE	1			hange	Addition
NAME	ļ		4.2 NAME	1				
STREET ADDRESS	s		4.3 STREE	ADDRESS				
CHY+ST-ZIP			4.4 CHTY - 5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				hange	Addition
NAME			5.2 NAME					
STREET ADDRESS	s		5.3 STREET	ADDRESS				
CITY - ST - ZIP			5.4 CITY-5	ST-ZIP				
TITLE		DELETE	6.1 TITLE				hange	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS	5	•	6.3 STREET	ADDRESS				
CITY - ST - ZIF		•	6.4 CITY-1					
					1 1 0 C 40 07/0V/5 Ft 14 0V 14			

4. 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 suppliemental 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 received or trustee employeed 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 appearment of the corporation or the receiver of the corporation or the receiver of the receiver of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER

Pour A A Claud

04/23/97

305-254-5/89 Daylirie Proce *