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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000080664 (2)

4-17	SERVICES CORP				
· -		Mailing Address			is Bailt iffitt marin Attit diret Athe sane
13018 S.W. 133 COURT MIAMI FL 33186		13018 S.W. 133 COURT MIAMI FL 33188-5855			
				<ol> <li>Date incorporated or Qualified 10/20/1995</li> </ol>	3a. Date of Last Report 10/21/1996
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		65-0615380	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 3	Country	8. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Cur			10. Name and Address of New Re	
63	ANSO, SARA 160 S.W. 4TH ST. AMI FL 33144		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptat	FL 85 Zip Code
11. Pursuan office or agent I SIGNATURE	Masa	Manse	s, the above-named control thorized by the corporate Statutes.  Registered Agent signature requirements.	rporation submits this statement for the pation's board of directors. I hereby acceptions to the patient of the	purpose of changing its registered of the appointment as registered  4-3-/997  Date
12.	OFFICERS :	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THEF	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MANSO, SARA		1.2 NAME		İ
STREET ADDRESS	1		1.3 STREET ADDRESS	·	
CITY - \$1 - ZIP	MIAMI FL 33144	P. Lorenza	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME FROM A ADECICIO			2.2 NAME 2.3 STREET ADDRESS		· ·
STREET ADDRESS				• .	<u>į.</u>
CITY - \$1 - ZIP		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		<del></del>	3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
City - ST - ZIP			3.4. CITY-ST-ZIP		
Title		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	i		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition

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

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

CITY -ST-74P

CITY - ST - ZIP

THEF

NAME STREET ADDRESS

DELETE

**FILED** 

Apr 08 1997 8:00am

Secretary of State

Change

Addition