	PLEA	SE READ /	ALL INST	RUCTION	S BEFORE (COMPLET	ING THIS FOF	· · · · · · · · · · · · · · · · · · ·	
	PLICATION FOR STATEMENT			Ä DEPARTMI Sandra B. Mo Secretary of IVISION OF CORP	State		FILED 99 JAN 14 PM	112: 37	
DOCUMENT # (P960000) (1) 1. Corporation Name SVS ENTERPRISES			-	ſ			SECRETARY OF STATE TACLAHASSEE, FLORIDA		
·	lace of Business 12501 N. Keng Side Suite Miami, Floric Uddresses are incorrect in	đa 33183	•	Address		STATE	-	48-99 18-99	
17070 007150-3				ng Address, if Appl D. Box 971	icable	4. Date Incorporated or Qualified To Do Business in Florida 1-4-96 5. FEI Number Applied For			
Miami, Florida Mi			City & State Mi. a Zip 331	Coun	ida 6. Not Applic			Not Applicable S8.75 Additional Fee required for a Certificate of Status	
	Names and Street Addresses of Each Officer and/or Director (Floring Name of Officers				da nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director City / State / Zip				
D,P	P Javier Siu			3 (Do NOT Use Post Office Box Numbers) 4 17970 SW 152nd Avenue Miami, Flori			Florida 33187		
ν, σ	V Zoe M. Seias			17970 SW 152nd Avenue			Miami, F	lorida 33187	
						6000027473564 -01/20/9301030013 ****900.00 *****900.00			
	8. Name and Add	ress of Current R		nt		9. Name and A	ddress of New Register	red Agent	
Richard Kondla, Esq. 13255 S.W. 137th Avenue Suite 113 Miami, Florida 33186					Name Toseph A Miles Esq. Street Address (P.O. Box Number is Not Acceptable) 710 South Dixie Highway. Suite, Apt. #, Etc. City Coral Gables, State Zip Code FL 33146				
10. (, being Signature of Registered /	appointed the registered t Agent	ZOIA		ration, am familiar v			<u></u>	GG	
11. Do De	es this corpora pt. of Revenue	ation pay are under S. 1	ny intang 199.032,	ible tax to t Florida Sta	he tutes. Yes	☐ No 🔯		r side for information intanglble tax.)	
12. I do her lease the certify it this rein fees ow under our SIGNAT	0	mation supplied with seriom any liability ector or the receive reason for dissolave been paid. The	th this filling is v of non-complia er or trystee en fultor has been e information in	Toluntarily furnished ance with Section 1 appowered to execute the condicated on this appoint of the condicated on this appoint of the condicated on the condicated on the condicated on the appoint of the condicated on the condic	l and does not qualify 19.07(3)(k) in the eve te this application as apporate name satisfic olication is true and a	of the exemption on that the information provided for in characters the requirement accurate, and my s	stated in Section 119.00 tition supplied is deemed apter 607 or 617, F.S. I it is of section 607.0401 or signature shall have the	7(3)(k), Florida Statutes, I re- exempt from public access, I turther certify that when filing 617,0401, F.S., and that all same legal effect as if made	
	SIGHATURE A	ND TYPED OF RIN	TED NAME OF S	IGNING OFFICER OF	DIRECTOR		Date	Daytime Phone #	