Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90063 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048234

1. Corporation Name

SAN IVIA	H SERVICE CURP												
Principal Place	e of Business	Ma	iling Address					1	I (\$41180) iid (Bith Bitt) Amit antit antit antit	#1#WJ (#4JW J4)		9481 F891	
6945 W 17TH C	ст		5 W 17TH CT					1					
HIALEAH FL 33014 HIALEAH FL 33014										3 AD 4 AE			
US US									DO NOT WRITE IN THIS SPACE				
								1 -	Date Incorporated or Qualifed				
		- 1							06/03/1996 FEI Number		Applied	LEor	
2. Principal Pl	lace of Business 2a. Mailing Address							4.	11-2896988	<u> </u>		plicable	
1 26 Suite, Apt. #, etc. Suite, Apt. #, etc.								┿	<u> </u>	\$8.75			
				٠	٠.			5.	Certificate of Status Desired	- Fee			
City & State City & State								-	Election Campaign Financing	\$5.0	0 мау	Be	
2328									Trust Fund Contribution		d to Fe		
Zip	Country	-	Zip	C	ountry			8.	This corporation owes the current year in	tangible			
24	25	29		30				1 _	Personal Property Tax.	☐ Yes	<u> </u>	10	
	9. Name and Address of Currer	nt Regist	ered Agent					10.	Name and Address of New Registered	Agent			
					81	Na	me					[
	RERO-URBAY, J. SANTIAGO				82	Str	eet Addre	ess (P	O. Box Number is Not Acceptable)			$\neg \neg$	
	5 W 17TH CT						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
HIAL	EAH FL 33014				83								
					84	City				85 Zi	p Code		
					1 1	1			F <u></u>	_		· _	
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.											ered (
SIGNATURE	The second second page of angietosod page	nt and title if	(NOTE	Registr	ared Anen	nt sinna	ture required	when (6	reinstating) DATE			<u> </u>	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS				13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS	IN 12	
TITLE	D		☐ DELETE	1.	1 TITLE					Chang		Addition	
NAME	MARRERO-URBAY, J. SANTIA	30		1.3	2 NAME							ļ	
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14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAR OFFICER OR DIRECTOR

Daytime Phone #

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP