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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091833 (9)

1. Corporation Name
SERVIPAINT INC.

Principal Place of Business
432 LAKESIDE CIRCLE
SUNRISE FL 33326

Mailing Address
432 LAKESIDE CIRCLE
SUNRISE FL 33326-4101



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0711266		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VILLARROEL, FRANKLIN 432 LAKESIDE CIRCLE SUNRISE FL 33326				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

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.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	VILLARROEL, FRANKLIN	1.2 NAME	
STREET ADDRESS	432 LAKESIDE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	CORVAIA EL, ALFREDO	2.2 NAME	
STREET ADDRESS	432 LAKESIDE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	RODRIGUEZ, DOMINGO	3.2 NAME	
STREET ADDRESS	432 LAKESIDE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Franklin Villarroel DATE: 04/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)