**FILED** 

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90144 017 \*\*\*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 # P97000035205

<ol> <li>Corporation</li> </ol>								
SERVICK	OS AEREOS INTERNACIONA	ales usa, inc.						
						1 18 815 8 PT 17 8 4 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
					- 1		da litti alla libli a	LELEL ELIK FEEK
Principal Place	of Business	Mailing Address					<b>10</b> 11101 01110 11011 0	19101 0111 1001
SAN MARTIN 981, FLOOR 4, SUITE 38 SAN MARTIN 981, FLOOR 4, S				3	İ			
BUENOS AIRES CP 1004 BUENOS AIRES CP 1004						DO NOT WIDITE IN TH	IC CRACE	
					ļ	DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IS SPACE	
					·	04/21/1997	-	
2. Principal Place of Business 2a. Mailing Address						4, FEI Number	An	plied For
——————————————————————————————————————					- 1	65-0448757		t Applicable
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					-		\$8.75 A	
2 27					5. Certificate of Status Desired	Fee Re		
City & State City & State			<u>-</u>			6. Election Campaign Financing	\$5.00	Mav Be
23 28						Trust Fund Contribution	Added to	· .
Zip	Country	Zip	Count	гу		8. This corporation owes the current year	Intangible	_
24	25 29 30		0			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
AARDANATT OREATIONA ENTERDRICEO INO				1 Name				
CORPORATE CREATIONS ENTERPRISES, INC.			8	2 Street	Street Address (P.O. Box Number is Not Acceptable)			
4521 PGA BLVD., #211								
PALM BEACH GARDENS FL 33418			8	3				i
			8	4 City			. 85 Zip C	Code
						<b>F</b>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named	corpor	ation submits this statement for the purpose	of changing its	registered
agent. I a	egi <del>stered agent, or both, in the State c</del> m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statute	sy,me.corpo es.	aration.	's board of directors. I hereby accept the app	रिका विभिन्नार वर्ष । स्र	alla communication of the comm
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				ent signature re	equired w			00 111 40
12.	OFFICERS AND DIRECTORS  DELETE		13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE .	D COCOUNT OF MADTINEZ LEON		1.1 TITLE				C) Gridings	
NAME	: EBEI III FE III EI II EI E							
STREET ADDRESS	DUENOS AIDES OD 1004		1	ET ADDRESS				}
CITY-ST-ZIP			1.4 CITY				Change	Addition
TITLE			2.1 TTTLE					
NAME	MARTINEZ, ADOLFO E							
**************************************			1	ET ADDRESS				
CITY-ST-ZIP			2.4 CITY				Change	Addition
TITLE			3.1 TITLE				- Supulgo	
NAME			3.2 NAMI	1				
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP			3.4. CITY				☐ Change	Addition
TITLE			4.1 TITLE 4. 2 NAM					
NAME OTREET ADORSES	1	- ` ,		ET ADORESS	•	· <del>-</del>		
STREET ADDRESS	l		1	}				
CITY-ST-ZIP TITLE	-	☐ DELETE	4.4 CITY 5.1 TITLE				Change	Addition
NAME			5.2 NAMI				0-	_  -
STREET ADDRESS				ET ADDRESS				Ì
			5.4 CITY					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME		_	6.2 NAM	E			-	
	•		63 STD	ET ADDRESS				

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:**