-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 # P97000091153(1)

1. Corporation Name

SERVED HOLDINGS, INC.

May 10, 1999 8:00 am Secretary of State 05-10-1999 90292 003 ***150.00

	M − 3/m −	Address							
Principal Place of Business Mailing Address									
901 Ponce de Leon	. DIVII.	901 Ponce de Leon Blvd.]				
Suite 601	Suit	Suite 601			ļ	DO NOT WRITE IN THIS SPACE			
Coral Gables, Florida 33134 Coral Gables, Flo			Flori	da 331	134	3. Date Incorporated or Qualifed			
						10/23/1997			
2. Principal Place of Business	g 2a. Mai	2a. Mailing Address				4. FEI Number	A	pplied For	
21	26	26				65-0824890	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional	
222		27				3. Certificate of Status Desired	Fee R	equired	
City & State	City	City & State				6. Election Campaign Financing	\$5.00	May Be	
23	28					Trust Fund Contribution	Added	to Fees	
Zip	Country Zip		Country		ì	8. This corporation owes the current year In		-	
24 25		30	0			Personal Property Tax.	∐ Yes	□No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
			81	Name	Fran	nk J. Segredo, Esquire			
82 Street				Street A	ddress	idress (P.O. Box Number is Not Acceptable)			
Arturo GJőrdań G.C. P. Ac					901	Ponce de Leon Blvd., Si	u1te 60		
991 Ponce de Leon Blvd., Suite 715			83						
Coral Gable	es, Florida 33134		84	City			85 Zip	Code	
					al Gables, Fl	_ 33	:134		
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	K/ L M/							ĺ	
Signature, typed or at	nighed name of registered agen, and title if applic			t signature req	quired who				
12.	OFFICERS AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE D		☐ DELÉTE	1.1 TITLE	1			☐ Change	☐ Addition	
NAME : Ardila, Jaime			1.2 NAME						
STREET ADDRESS 1925 Brickell Avenue, D-601 GITV. ST. ZIP Miami, Florida 33129			1.3 STREET					Ì	
 3 3.2 -	F10F1da 33129	C priete	1.4 CITY-S1	r-ZIP			☐ Change	Addition	
TITLE		☐ DELETE	2.1 TITLE				[_] Criange		
NAME			22 NAME						
STREET ADORESS			2.3 STREET						
CITY-ST-ZIP			2 4 CITY-ST-ZIP				Change	Addition	
TITLE		☐ DELETE	3.1 TITLE				□ Cliarige		
NAME			3.2 NAME	1				ì	
STREET ADDRESS			3.3 STREET	1				j	
CITY-ST-ZIP		DELETE	3.4. CITY-S	T-ZIP			Change	☐ Addition	
TITLE		□ nere ie	4.1 TITLE	1			□ change		
NAME			4. 2 NAME					1	
STREET ADDRESS			4.3 STREET	·				ł	
CITY-ST-ZIP		DELETE	44 CITY-ST	r-ZIP			Change	Addition	
TITLE		☐ nersie	5.1 TITLE				change	Addition	
NAME			5.2 NAME	Annoese					
STREET ADDRESS			5.3 STREET	1					
CITY-ST-ZIP		DELETE	6.1 TITLE	-2117			[] Change	Addition	
TITLE		☐ here.e	6.2 NAME				change	☐ Addition	
NAME		i	A	ADDRESS					
STREET ADDRESS			6.3 STREET						
CITY-ST-ZIP	formation cumplied with this Fline d	one not qualify for the	6.4 CITY-ST		in Sact	ion 119 07(3)(i) Florida Statutes I further ce	etifu that the	information	

r nevery 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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE: