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May 16 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 # V39942 (0)  
1. Corporation Name  
- SERVICIO OPERATIONS CORPORATION



Principal Place of Business  
1801 BELVEDERE RD.  
SUITE 501 S.  
W. PALM BEACH FL 33406  
US

Mailing Address  
1801 BELVEDERE RD.  
SUITE 501 S.  
W. PALM BEACH FL 33406-1541  
US

3. Date Incorporated or Qualified 06/01/1992  
3a. Date of Last Report 04/17/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0387728	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

~~G-T CORPORATION SYSTEM~~  
~~1200 SOUTH PINE ISLAND RD.~~  
~~PLANTATION FL 33324~~

10. Name and Address of New Registered Agent

81 Name Joan Palmariello  
82 Street Address (P.O. Box Number is Not Acceptable)  
1601 Belvedere Road, Suite 501S  
83  
84 City West Palm Beach FL 85 Zip Code 33406

11. Pursuant to the provisions of Sections 607.0602 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 *Joan Palmariello* Joan Palmariello, Asst. Sec. 2/13/97  
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCO	1.1 TITLE	AS
NAME	BUDDEMEYER, DAVID	1.2 NAME	Joan Palmariello
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 501 SOUTH	1.3 STREET ADDRESS	1601 Belvedere Road, Suite 501S
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE	VCFO	2.1 TITLE	
NAME	KNIGHT, WARREN	2.2 NAME	
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 501 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	2.4 CITY-ST-ZIP	
TITLE	VAS	3.1 TITLE	
NAME	RUFFIN, ROBERT	3.2 NAME	
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 501 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	3.4 CITY-ST-ZIP	
TITLE	TAS	4.1 TITLE	
NAME	HALE, PHILIP R.	4.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	MCGAULEY, RONALD E	5.1 TITLE	
NAME	1601 BELVEDERE ROAD SUITE 501 SOUTH	5.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33406	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: *Robert D. Ruffin* Robert D. Ruffin, V.P. & Sec. 4/1/97 (561) 689-9970  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)