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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **V73216** 

(6)

	ERVICE & REPAIR, INC.									
Principal Place of	of Business	Mailing Address				* ***** Elizit Perez 10/10 (198)	.,,,,,	5.5., 6161		
3183 NW 100 MIAMI FL 331		3183 NW 100TH ST MIAMI FL 33147								
						<ol> <li>Date Incorporated or Qualification</li> <li>10/21/1992</li> </ol>	ed 3	03, Date c	f Last Re /07/199	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number				pplied For
i]		26				65-0363144				lot Applicable
Suite, Apt. #	I, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		]		Additional lequired
City & State		City & State	<del></del>			Election Campaign Financin     Trust Fund Contribution	g [	]	•	May Be I to Fees
Z(p	Country	Zip	Cou	untry		B. This corporation has liability			under s	199.032,
	25	29	30				Yes			
.4	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of Ne	w Reģ	Istered A	gent	
				81	Name					
	, MIGUEL A			82	Street Add	dress (P.O. Box Number is Not Acce	s (P.O. Box Number is Not Acceptable)			
MIAMI F	N 100TH ST :L 33147			63						
••••				84	City			FL	85 Zig	Code
SIGNATURE	th, and accept the obligations of, Se	ection 607,6303; Florida Cikilok								
	Signature, typed or printed name of registered a			d <b>Ag</b> er	t signature requi	red when reinstating)	OFFI OF	DATE DO AND I	NDECTO	OC IN 12
12.	OFFICERS /	AND DIRECTORS	13.		t signature requi	red when runslating)  ADDITIONS/CHANGES TO	OFFICE	RS AND I		
12. HILE	OFFICERS A		<b>13</b> .	TITLE	ti signature requi		OFFICE	RS AND I	DIRECTO Change	
12. HILE NAME	PST GARCIA, MIGUEL A	AND DIRECTORS	13. 1 1 121	TITLE			OFFICE	RS AND I		
12. TITLE NAME STREET ADDRESS	PST GARCIA, MIGUEL A 3183 NW 100TH ST	AND DIRECTORS	13. 1 1 121 1.35	TITLE IAME STREET	ADDRESS		OFFICE	RS AND I		
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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 43 if changed, or on an attachment with on address.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 (305)836-8351

32E034 (12/95)