

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F19946 (5)
1. Corporation Name
SERV-EDIT INTERNATIONAL, INC.



Principal Place of Business: **6355 NW 36TH ST. VIRGINIA GARDENS FL 33166-7027**
Mailing Address: **6355 NW 36TH ST. VIRGINIA GARDENS FL 33166-7027**

3. Date Incorporated or Qualified: **02/17/1981**
3a. Date of Last Report: **05/01/1995**
4. FL Number: **59-2052341** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: Zip
24: Country
26: Suite, Apt. #, etc.
27: City & State
28: Zip
29: Country
30: Country

9. Name and Address of Current Registered Agent

**SPENCER, THOMAS R., JR.
801 BRICKELL AVENUE, SUITE #1901
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name: **Gomez, Cristina**
82 Street Address (P.O. Box Number is Not Acceptable): **6355 N.W. 36 Street**
83
84 City: **Virginia Gardens** FL 85 Zip Code: **33166**

11. Pursuant to the provisions of Sections 607.0102 and 607.1108, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0105, Florida Statutes.

SIGNATURE: *Cristina Gomez* **Cristina Gomez, Secretary** 3/11/96

12. OFFICERS AND DIRECTORS

TITLE	DCEP	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ-LEWIS, GUSTAVO	
STREET ADDRESS	6355 NW 36 STR	
CITY-STATE-ZIP	VIRGINIA GDNS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SPENCER, THOMAS R., JR.	
STREET ADDRESS	801 BRICKELL AVE. #1901	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FREUDE, MARIO A	
STREET ADDRESS	6355 NW 36 STR	
CITY-STATE-ZIP	VIRGINIA GDNS FL 33166	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MODIA, CARLOS M	
STREET ADDRESS	6355 NW 36 STR	
CITY-STATE-ZIP	VIRGINIA GDNS FL 33166	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LLERENA, ADA G. ESQ	
STREET ADDRESS	6355 NW 36TH STREET	
CITY-STATE-ZIP	VIRGINIA GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DP
13 STREET ADDRESS	Ing. Antonio Garcia
14 CITY-STATE-ZIP	6355 N.W. 36 Street
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	S
23 STREET ADDRESS	Cristina Gomez
24 CITY-STATE-ZIP	6355 N.W. 36 Street
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DT
33 STREET ADDRESS	Rafael Schuck
34 CITY-STATE-ZIP	6355 N.W. 36 Street
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Virginia Gardens, FL 33166
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 a fullness.

SIGNATURE: *Cristina Gomez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cristina Gomez, Secretary

3/11/96 305-871-6400

CR2E034 (12/95)