

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 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 # F19946 (5)
 1. Corporation Name
SERVI-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
---	---



2. Principal Place of Business 21 6355 N W 36 STREET Suite, Apt. #, etc. 22 City & State 23 VA GARDENS FL Zip 24 33166	2a. Mailing Address 26 6355 N W 36 STREET Suite, Apt. #, etc. 27 City & State 28 VA GARDENS FL Zip 29 33166	Country 25 USA	Country 30 USA
---	--	--------------------------	--------------------------

3. Date Incorporated or Qualified 02/17/1981	3a. Date of Last Report 03/20/1996
4. FEI Number 59-2052341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GOMEZ, CRISTINA
6355 NW 38TH ST
VIRGINIA GARDENS FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCEP	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ-LEWIS, GUSTAVO	
STREET ADDRESS	6355 NW 36 STR	
CITY- ST- ZIP	VIRGINIA GDNS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOMEZ, CRISTINA	
STREET ADDRESS	801 BRICKELL AVE. #1901	
CITY- ST- ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RAFAEL, SCHUCK	
STREET ADDRESS	6355 NW 36 STR	
CITY- ST- ZIP	VIRGINIA GDNS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MODIA, CARLOS M	
STREET ADDRESS	6355 NW 36 STR	
CITY- ST- ZIP	VIRGINIA GDNS FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCEP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GARCIA ANTONIO	
1.3 STREET ADDRESS	6355 N W. 36th STREET	
1.4 CITY- ST- ZIP	VA. GARDENS, FL 33166	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Cristina Gomez* _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)