

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000090236 (7)**  
1. Corporation Name

**FIELD FORCE PROTECTIVE SERVICES CORP.**

Principal Place of Business Mailing Address  
**8565 N.W. 196TH TERRACE MIAMI FL 33015** **8565 N.W. 196TH TERRACE MIAMI FL 33015**



2. Principal Place of Business  
21 **113 00 NW 87 CT #121**  
Suite, Apt. #, etc. **#121**  
City & State **NIA. Land. FL.**  
Zip **33016** Country **USA**  
22 **#121**  
23 **NIALEAH FL**  
24 **33015** 25 **USA** 26 **8565 NW 196 TERR.**  
27 **#121**  
28 **NIALEAH FL**  
29 **33015** 30 **USA**

3. Date Incorporated or Qualified **11/28/1995** 3a. Date of Last Report  
4. FEI Number **65-0629848** 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

9. Name and Address of Current Registered Agent

**BADO, RAMON A  
8565 N.W. 196TH TERRACE  
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name **LUISA C. BADO**  
82 Street Address (P.O. Box Number is Not Acceptable) **8565 NW 196 TERR**  
83  
84 City **NIA,** FL 85 Zip Code **33015**

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 **Luisa C Bado**

Signature typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>
NAME <b>HADO, RAMON</b>		1.2 NAME <b>LUISA C. BADO</b>
STREET ADDRESS <b>8565 N.W. 196TH TERRACE</b>		1.3 STREET ADDRESS <b>8565 NW 196 TERR</b>
CITY-ST-ZIP <b>MIAMI FL 33015</b>		1.4 CITY-ST-ZIP <b>NIA, FL 33015</b>
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP.</b>
NAME <b>MARTINEZ, FELIX</b>		2.2 NAME <b>MARIANA RODRIGUEZ</b>
STREET ADDRESS <b>4341 WEST 10TH AVE.</b>		2.3 STREET ADDRESS <b>231 EAST 60 ST</b>
CITY-ST-ZIP <b>HIALEAH FL 33012</b>		2.4 CITY-ST-ZIP <b>NIAJEAN, FL 33013</b>
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TD</b>
NAME <b>LEDO, RAFALE J</b>		3.2 NAME <b>LUISA C. BADO</b>
STREET ADDRESS <b>11830 S.W. 1 79TH TERRACE</b>		3.3 STREET ADDRESS <b>8565 NW 196 TERR.</b>
CITY-ST-ZIP <b>MIAMI FL 33177</b>		3.4 CITY-ST-ZIP <b>NIA, FL 33015</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>S</b>
NAME		4.2 NAME <b>LUISA C. BADO</b>
STREET ADDRESS		4.3 STREET ADDRESS <b>8565 NW 196 TERR</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>NIA, FL 33015</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0713(K), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Luisa C Bado**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-9-96 (305)827-8278**  
Daytime Phone #

CRSE034 (3/96)