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Apr 17 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 # P95000090236
1. Corporation Name
FIELD FORCE PROTECTIVE SERVICE, INC.

Principal Place of Business Mailing Address
11300 N.W. 87th ST SUIT 121
HIALEAH GARDENS, FL. 33016

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

3. Date Incorporated or Qualified 11/28/95
3a. Date of Last Report N/A
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
LUISA BADO
8565 NW 196 TRAIL
MIAMI, FL 33015

10. Name and Address of New Registered Agent
81 Name MARIANA RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable) 11300 N.W. 87th ST S-121
83
84 City HIALEAH GARDENS, FL FL 85 Zip Code 33018

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: *[Signature]* DATE: 4/3/97

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / TREASURER / SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	LUISA BADO	
STREET ADDRESS	8565 NW 196 TRAIL	
CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	MARIANA RODRIGUEZ	
STREET ADDRESS	9301 SW 59 ST	
CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	PRESIDENT / SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MARIANA RODRIGUEZ	
13 STREET ADDRESS	9301 SW 59 ST	
14 CITY-ST-ZIP	MIAMI, FL. 33173	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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 contained 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, change, or on an addition, with an address.

SIGNATURE: *[Signature]* DATE: 4/3/97 DAYTIME PHONE: 305-827-8278

CR2E034 (9/96)