## COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # P9700026817

OMEGA SECURITY OF SOUTH FLORIDA INC.

167St

Country

Dade

9. Name and Address of Current Registered Agent

Florida

incipal Place of Business

Principal Place of Business

6065 N.W.

Suite B-

GONZALEZ, RENE S

7335 W. 14 AVE. HIALEAH FL 33014 Mailing Address

5 W 14 AVE. LEAH FL 33014-3403

Suite, Apt. #, etc.

Miami

33015

SIGNATURE:

City & State

7335 W 14 AVE. HIALEAH FL 33014-3403

2a. Mailing Address

City & State

33015

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29

Zin

6065 N.W

Suite B-2

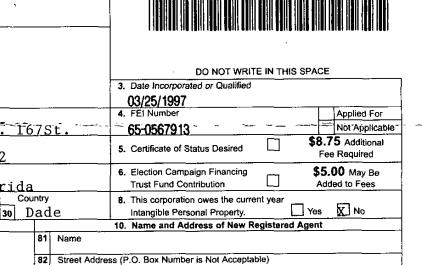
<u>Miami,Florida</u>

Suite, Apt. #, etc.

## FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90005 023 \*\*\*550.00

CR2E034 (5/99)



Zip Code 84 City 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. **IGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. īΕ 1.1 TITLE Change Addition \_ DELETE GONZALEZ, RENE S 1.2 NAME MЕ 7335 W 14 AVE. 1.3 STREET ADDRESS REET ADDRESS HIALEAH FL 33014 1.4 CITY-ST-ZIP **FY-ST-ZIP** ΊE DELETE 2.1 TITLE Change \_\_\_\_ Addition 2.2 NAME ME 2.3 STREET ADDRESS REET ADDRESS 2.4 CITY-ST-ZIP TY-ST-ZIP 3.1 TITLE Change Addition ÆΕ DELETE 3.2 NAME ME 3.3 STREET ADDRESS REET ADDRESS 3.4 CITY-ST-ZIP TY-ST-ZIP ΠĒ DELETE 4.1 TITLE Change \_\_\_ Addition 4.2 NAME REET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TY-ST-ZIP 5.1 TITLE Change Addition ΝE DELETE 5.2 NAME REET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TY-ST-ZIF 6.1 TITLE TLE DELETE Change \_\_\_ Addition 6.2 NAME REET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST)ZIP 4. I hereby certify that the information supplied with this filing does not adalify 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.

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