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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000060731

FORCE SECURITY PATROL CORPORATION

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90079 014 ***150.00



Principal Place	of Business	Mailing Address		T (Marines) (1.8) \$140 (1417) Marin Marin Marin Marin	1111 DEVI 10000 MEI HEI 1001
13416 SW 13 LANE 13416 SW 19 LANE					
MIAMI FL 33184		MIAMLEL 33184		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	J. AOL
				07/09/1998	1
2 Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 727	1 9/1) 914 5+	26 727154) 9+45+	65-084 4486	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State City & State			-	6. Election Campaign Financing	\$5.00 May Be
23 Migmi TL 28 Mi AMI			<u> </u>	Trust Fund Contribution	Added to Fees
			Country	8. This corporation owes the current year Inta	angible □No
24 3 7 4 25 37 7 30 0 37					
	9. Name and Address of Current	Registered Agent	81 Name		Ž.
CORDONES ALIDORA				MINGO CARMINATE	
13416 SW 13 LANE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33184 83				271 SW 4 SF	
THE W					
			84 City W	kmi FL	85 Zip Code 3 3/4/C
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					
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was autho ons of, Section 607.0505, Florida	Statutes.	on's board of directors, I heraby accept the appoin	a . O a
SIGNATURE	Leno	ones		$\sqrt{3}$	18/99
SIGNATORE	Signature, typed or printed name of registered agent		stered Agent signature required		7
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	D CORDONEC AUDORA	A DELETE	1.1 TITLE	14 12 12 16 16 16 16 16 16 16 16 16 16 16 16 16	
NAME	CORDONES, AURORA		1.2 NAME	OMINGO K. CHENENTTE	ا :
STREET ADDRESS	13416 SW 13 LANE		1.3 STREET ADDRESS	27, 3m, 9th St.	,
CITY-ST-ZIP	MIAMI FL 33184	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	M:AM+, FZ 33144	☐ Change ☐ Addition
TITLE		□ DELETE			
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		ſ
CITY-ST-ZIP	-	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE			3.2 NAME	•	
NAME		ł	- 1		{
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE			4. 2 NAME		
NAME			4.3 STREET ADDRESS	·	
STREET ADDRESS					1
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			52 NAME]
NAME expect ADDRESS			5 3 STREET ADDRESS		ļ
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition
		<u></u>	6.2 NAME		
NAME	}		6.3 STREET ADDRESS		ļ
STREET ADDRESS			64 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE