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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

Mar 26 1998 8:00am Secretary of State

FILED

A1 SU	N PROTECTION, INC.							
Principal Plac	ce of Business	Mailing Address		<u>-</u>	-{	JUU 1044 BIBAL BIBIL I	ATOLI FIBLI QIJI	I DIBII FUUI
9465 NW 12	ST.	9465 NW 12 ST.						
MIAMI FL 33172 MIAMI FL 33172					DO NOT WRITE IN THIS SPACE			
							PACE	
					3. Date Incorporated or Qualifi	e a		
2. Principal Place of Business 28. Mailing Address					09/24/1992 4. FEI Number			-U-d F
21	iace of Business	26			65-0358859			plied For t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		037030039		\$8.75 A		
22		27		5. Certificate of Status Desired		Fee Re		
City & State		City & State		6. Election Campaign Financin	·a	\$5.00	May Bo	
23		28			Trust Fund Contribution	" □	Added to	
Zip	Country Zip Co		Country		8. This corporation owes or ha	s paid the curre	ent year Inti	angible
24	25	29	30		Personal Property Tax due			No l
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of Nev	/ Registered A	gent	
BIS	SCHOFF, ANTONIO		81	Name				
9550 NW 12 ST., #13				Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
MIAMI FL 33172								
			83					
			84	City			85 Zip C	ode
				-		<u>FL</u>	'	
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 abligations of, Section 607.0505, Florida Statutes.								
agent. I a	nm familiar with, and accept the obl	igations of Section 607.0505,	Florida Statutes	i 00/po.a	orro board of disposions. Thereby d	- 1		.og.o.c.oa
SIGNATURE	Autonio 131	364011				3/20/	198.	
10	Signature, typed or printed name of registered a	agent and title if applicable (N ND DIRECTORS	OTE: Registered Age	nt signature require	d when reinelating) ADDITIONS/CHANGES TO O	DATE DATE	DIDECTOR	0.151.40
12. TITLE	PSD OFFICERS A	DELETE	13. 1,1 TITLE	<u> </u>	ADDITIONS/CHANGES TO O		Change	Addition
NAME	BISCHOFF, ANTONIO							L Addition
STREET ADDRESS	0000 1941 40 0T 740		1.2 NAME	ADDRESS				
***************************************	MIAMI FL 33172		1.3 STREET					
CITY-ST-ZIP TITLE	T22		1.4 CITY-ST 2.1 TITLE	1-ZIP	A-10/5 D. 14/14	fb	Change	Addition
NAME				/+	240000 1212540	并,	T) Outpute	
STREET ADDRESS	APPR 4/141 45 APP #45		2.2 NAME 2.3 STREET	ADDRESS 91	LEONAL ISTA #1	3 ·.		
CITY-ST-ZIP			2.4 CITY-S	T ZID	119mm PL 33172			
TITLE			3.1 TITLE	11-71F		r	Change	Addition
NAME	i		3.2 NAME			•		
STREET ADDRESS	9550 NW 12 ST. #13		3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S					
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME				-	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CiTY-ST	T-ŽIP				
TITLE			5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - \$1	r-zip				
44 I barabu s	portify that the information supplied	with this filles show and available	. for the avenue	ina state of in C	Continue 440 07/0V/L Florida Otatuta	an I di walang and	Alfin Almad Alma	

I nereby 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 director or trustee employeered 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 practices.