

**2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000039768

**Entity Name:** AIC BUREAU OF INVESTIGATIONS & PROTECTIVE SERVICE  
INC.

**FILED**  
**Nov 01, 2019**  
**Secretary of State**  
**9721055356CC**

**Current Principal Place of Business:**

970 SW 1ST STREET  
SUITE 302  
MIAMI, FL 33130

**Current Mailing Address:**

PO BOX 7935  
MIAMI, FL 33255-7935

**FEI Number:** 65-1001927

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALONSO, JUAN F  
BOX 7935  
MIAMI, FL 33255 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PVST  
Name ALONSO, JUAN F  
Address BOX 7935  
City-State-Zip: MIAMI FL 33255

Title D  
Name ALONSO, JUAN F  
Address BOX 7935  
City-State-Zip: MIAMI FL 33255

Title DIRECTOR  
Name ALONSO, MARIA E  
Address BOX 7935  
City-State-Zip: MIAMI FL 33255

Title VP/DIRECTOR  
Name ALONSO, JUAN FRANCISCO JR  
Address PO BOX 7935  
City-State-Zip: MIAMI FL 33255-7935

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN F. ALONSO

**DIRECTOR**

**11/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date