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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 194719

(1)

Mailing Address

SOUTH FLORIDA DETECTIVE BUREAU INC

FILED May 27 1997 8:00am Secretary of State



1401 NE 117 S MIAMI FL 3316 US		MIAMI FL 33161-6909 US				•		
				1.	3. Date Incorporated or Qualified 07/20/1956		ate of Last 21/1996	
~~ 1 <i>111.</i> 1.1	ace of Business	2a. Mailing Address	479	đ	4, FEI Number			Applied For
Suite Ant	# plc	26 Suite Apt. #, etc.	V/ /	7 4	59-1940963			Not Applicable Additional
2 16:	SINENCE YELL	27 NESINEN	04 H	year	5. Certificate of Status Desired		Fee	Required
3 WIMMI PI 28 WIM			wi pei		6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Feet			
4 37/	COUNTY 40 F	29 ² 03/6/	30 Country) MX] Yes [] No	r s. 199.032,
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered	Agent	······································
POLENO, WILLIAM 1401 N.E. 117 STREET MIAMI FL 33161					iress (P.O. Box Numbyr is Not Assepte	ile)		
			84	City		FL	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above	e-named cor	poration submits this statement for the p	ourpose of	changing	j its registered
	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Fl	authorized by orida Statut	the corpora	tion's board of directors. I hereby acce	ot the app	ointment i	as registered
SIGNATURE	Segment type diox pointed name of registered ag	gent and tile if applicable. (NOT	E: Flugislered Age	nt signature requ	ired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
HILF	P	DELETE	1.1 TITLE				Change	e 🗀 Additio
VAM:	POLENO, JAMIE J		1.2 NAME					
STREET ADDRESS	1401 N.E. 117 STREET		1.3 STREET	1				
. 11 - ST - ZIP	MIAMI FL 33161		1.4 CITY - S 2.1 TITLE	T-ZIP			Change	e Additio
lTt f	S POLERO, WILLIAM	J.0 //					C CHAIN	C L NOOMIC
IAME	1401 N.E. 117 STREET	# (* 	2.2 NAME 2.3 STREET	***************************************	•			
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iAMI			3 2 NAME					
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NAME .			4.2 NAME	·				
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DITY - \$1 - ZIP			4.4 City - S	J				
HILE		DOELETE	5.1 TITLE	·			Chang	e Additio
NAME		X AV	5.2 NAME					
STREET ADDRESS		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	5.3 STREET	ADDRESS				
L 1Y - \$1 - ZiP		v	5.4 CHY-5					
tritt		☐ DELETE	6.1 TITLE	11-611		·····	Chang	e 🔲 Additio
1		percit	1	1				- Number
NAME			6.2 NAME	Inneres				
STREET ADDRESS			6.3 STREET	- 1				
CHY-ST-ZIP			6.4 CITY - 9		d in Section 119.07(3)(i), Florida Statute			

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 eath; 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.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

197 306.843245