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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 599546

DADE FEDERAL INVESTIGATION AGENCY, INC.

Principal Place of Business Mailing Address 9370 S.W. 72 STREET 9370 S.W. 72 STREET A-200 A-200 DO NOT WRITE IN THIS SPACE MIAMI FL 33176 **MIAMI FL 33176** 3. Date Incorporated or Qualifed .01/29/1979 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-1880845 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Zip Country Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PUIG, ALELI, L Street Address (P.O. Box Number 9370 S.W. 72 STREET A-200 83 **MIAMI FL 33176** 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this state office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90052 044 ***150.00

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is Not Acceptable)			
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FL	85	Zip Code	
tement for the purpose of ch I hereby accept the appoint	nang	ing its registered t as registered	
DATE			- 6
NGES TO OFFICERS AND	DIR	ECTORS IN 12	(86/
			1 1

Yes

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		1,1 TITLE	Change Addition
TITLE	150		
NAME	PUIG, ALELI L	1.2 NAME	
STREET ADDRESS	9370 S.W. 72 STREET, A-200	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	PARDO, ALELI P.	2.2 NAME	•
STREET ADDRESS	-9370 S.W. 72 STREET, A-200	2.3 STREET ADDRESS	المستخدم المستخدم الأناني المستخدم المس
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VPDT □ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PUIG, RODOLFO F	3.2 NAME	
STREET ADDRESS	9370 SW 72 ST A-200	3.3 STREET ADDRESS	·
CITY-ST-ZIP	MIAMI FL	3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	•
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETÉ	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	·
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 C/TY-ST-ZIP	

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: