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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 651818

Principal Place of Business

INTERPORTS SECURITY SERVICE INC.

550 NW LEJEU SUITE 209		PO BOX 734 MIAMI FL 33135							
MIAMI FL 3312	26					IOT WRITE IN TH	IS SPACE		_
US					3. Date Incorporated or 12/04/1979	Qualifed			
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number			Applied For	٧.
		26			59-2023660		<del>-  -</del>	ot Applicable	- 5
Suite, Apt.	# aka	Suite, Apt. #, etc.			39.5053000				- !
	. #, etc.				5. Certifcate of Status D	esired 🗀 🖰		Additional	'-
22		27					Fee F	Required*	_
City & Stai	te	City & State			6. Election Campaign Fit	nancing	\$5.00	May Be	
23		28			Trust Fund Contribution	on In	Addec	to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes	the current year i	ntangible		
24	25	29	30		Personal Property Tax	x.	<b>⊠</b> Yes	□No	
•	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Registere	d Agent		
				81 Name		,			7
	RAZ, MARIA ANTONIET			<b>60</b> Ct	/D O D				4
231	1 SW 15TH ST			82 Street Add	ress (P.O. Box Number is No	t Acceptable)			
MIA	MI FL 33145			83	18383 9 4 4 5 13 14 1 13385 9 4 5 5 13 1	<u> 18. marin (j. 1800.)</u> 18. marin 18. marin (j. 1808.)	. v. čit stán tur.	i signi bidil isel	┨
						法制能领额	140.135 糖		
				84 City		F	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the al	nove-named corr	noration submits this statemen	-	of changing it	s registered	-
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	f Florida. Such change was a ons of, Section 607.0505, Flo	uthorized rida Stati	by the corporati	on's board of directors. I here	by accept the app	ointment as r	egistered	ĺ
SIGNATURE								<u> </u>	
	Signature, typed or printed name of registered agent			Agent signature require	ed when reinstating) 💢 💢 🙀	DATE	<u> </u>		J ⊚
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES	S TO OFFICERS A	AND DIRECT	ORS IN 12	}
		O DELETE		!					T T
TITLE	PD	☐ DELETE	1.1 111	LE	0.0000		☐ Change	☐ Addition	1 5
NAME	LARRAZ, MARIA ANTONIETA	☐ DELETE	1.1 TII 1.2 NA		क्रेन्ट्रिके		☐ Change	Addition	347/44
	LARRAZ, MARIA ANTONIETA	☐ DELETE	1.2 NA		16 j. ej <b>(372)</b>	•	☐ Change	☐ Addition	E0347/44
NAME	LARRAZ, MARIA ANTONIETA	☐ DELETE	1.2 NA 1.3 ST	ME	ार्क् इन्हें के किया है। इन्हें के किया किया किया किया किया किया किया किया		☐ Change	☐ Addition	005034744
NAME STREET ADDRESS	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305	☐ DELETE	1.2 NA 1.3 ST	ME REET ADDRESS Y-ST-ZIP	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		☐ Change		7,750300
NAME STREET ADDRESS CITY-ST-ZIP	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305	_	1.2 NA 1.3 ST 1.4 CD 2.1 TT	ME REET ADDRESS Y-ST-ZIP LE	16 (F) (E) 37774		;		7,750300
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	_	1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME	19-2-237 <del>24</del>		;		7,750300
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	_	1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	19-15-1237 <del>24</del>		;		7,750300
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	19-15-1237 <b>24</b>		∵ ☐ Change	☐ Addition	CDOECOSA
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	_	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	19-2-23-24 		;	☐ Addition	CDOECOSA
NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	☐ DELETE	1.2 NA 1.3 ST 1.4 CD 2.1 TH 2.2 NA 2.3 ST 2.4 CD 3.1 TH 3.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	19-15-1237 <del>24</del>		∵ ☐ Change	☐ Addition	CDOECOSA
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NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE			☐ Change	Addition	7.100000
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP REET ADDRESS IY-ST-ZIP		TO THE STATE OF T	☐ Change	Addition	7.100000
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	DELETE  DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF 4.1 TH 4.2 NV 4.3 ST 4.4 CF	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS			☐ Change	Addition	CDSC037
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	DELETE  DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CF 3.1 TT 3.2 NA 3.3 ST 3.4 CF 4.1 TT 4.2 NA 4.3 ST 4.4 CF 5.1 TT 5.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME ME REET ADDRESS Y-ST-ZIP LE ME			☐ Change	Addition	CDSC037
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	DELETE  DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CF 3.1 TT 3.2 NA 3.3 ST 3.4 CF 4.1 TT 4.2 NA 4.3 ST 4.4 CF 5.1 TT 5.2 NA 5.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS			☐ Change	Addition	CBSE034%
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	DELETE  DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.3 ST 5.4 CC	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS			Change	Addition Addition Addition	0005037
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	DELETE  DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF 3.1 TIT 3.2 NA 3.3 ST 3.4 CF 4.1 TIT 5.2 NA 5.3 STT 5.4 CFT 6.1 TIT	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE			☐ Change	Addition	0005037
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRAZ, MARIA ANTONIETA 4747 COLLINS AVENUE #305 MIAMI BEACH FL 33140	DELETE  DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF 3.1 TIT 3.2 NA 3.3 ST 4.4 CF 5.1 TIT 5.2 NA 5.3 ST 5.4 CF 6.1 TIT 6.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE			Change	Addition Addition Addition	CBSEU3A

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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA ANTONIETA LARRAZ

1-26-99

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90061 024 \*\*\*150.00

305 442-1335

Daytime Phone #