## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

**FILED** Apr 11 1996 8:00 am Secretary of State

DOCUMENT # K366	CUMENT # K36602 (6)		Secretary of State	
CENTER INVESTIGATION AND	SECURITY CORP.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>-</b> 1781 84875 81815 81812 84811 84811 84814 8
Principal Place of Business	Mailing Adgress			
12460 SW 8 ST	12460 SW 8 ST			and alless state distributed to the field of
SUITE 201 MIAMI FL 33184	SUITE 201			
mirwi LF 22104	MIAMI FL 33184		3. Date incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business			10/03/1988	04/04/1995
1	2a. Mailing Address 26		4. FEI Number NOT APPLICABLE	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Not Applicate  \$8.75 Additional
City & State	27		5. Certificate of Status Desired	Fee Required
3	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	- Zip	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to Fees
25	29	30	Fiorida Statutes	
9. Name and Address of Curr	ent Registered Agent	01	10. Name and Address of New Re	gistered Agent
VIAMONTE, HECTOR		81 Name		
12460 SW 8 ST		82 Street Add	dress (P.O. Box Number is Not Acceptable	)
SUITE 201		83		
MIAMI FL 33184		84 City		· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of Sections 607.0% or registered agent, or both, in the State of Fic familiar with, and accept the obligations of. Sec.		,		FL 85 Zip Code
	NO DIRECTORS	THE Project on Agent Sojicatore components	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
ITTE D VIAMONTE, HECTOR	☐ DELETE	1. 1 7/1cF		Change Addition
TREET ADDRESS 12460 S.W. 8TH ST.201		1.2 NAME		
IY-SI-ZIP MAMIFL		1.3 STREET ADDRESS 1.4 City Sti-Zip		
TLF	DELETE	2 1 TUTLE		Change Addition
AME		2.2 NAME		
REST ADDRESS TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYPE		2.3 STREET ADDRESS		
ILE .	DELETE	2.4 C(TY - \$1 - Z(P) 3.1 T(LE)	40000177 -04/12/060101	7754
ME		3 2 NAME	-047127960101 ***200.00	<b>00</b> ∰Change
REFT ADDRESS		3.3 STREET ADDRESS	***************************************	
Y-ST-Z:P		3.4 City-ST-ZiP	_	
ME	☐ DELETE	4 1 THE		Change Addition
REET ADDRESS		4.2 NAME		
Y-ST-ZiP		4.3 STHEET ADDRESS 4.4 City-S1-Zip		
E	☐ DELETE	5 1 TITLE		Change Addition
AE		5.2 NAMC		Cl availe Cl vigition
EET ADDRESS / /-ST-ZIP		5.3 STREET ADDRESS		
F - 51-21P	DELETE	540 TY-ST-7.P	·	
ME		6 1 THE		Change Addition
EET ADURESS		6.2 NAME 6.3 STREET ADDRESS		
r-ST-ZIP		640dy 51.2m		
I do hereby certify that the information supplied certify that the information indicated on this animi- oath; that I am an officer or direction of the corne appears in Block 12 or Block 13 if changed,	· Comment	shed and does not qualify for all report is true and accural	or the exemption stated in Section 119.07( te and that my signature shall have the sar steport as required by Chapter 607, Florid	3)(k), Florida Statutes, I further ne legal effect as if made under a Statutes; and that my name

OF SIGNING OFFICER OR DIRECTOR VIA MONTE