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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K93808

(9)

| MIAMI POLICE SUPPLY, INC. Principal Place of Business Mailing Address * MANUEL ALVAREZ 5641-43 S.W. 8TH STREET MIAMI FL 33146 MIAMI FL 3314-2101 | | | | | ···· | | | | | | | | | | |
|---|---|---------------------|--|---------------------------------|----------|----|---------------------------------------|-----------------------------|------------------------------|---------|---------------------------|-------------------------------|----------|------------------------|--|
| | | | | | | | 3. Da | e Incorporat 06/1989 | ed or Qualif | ied | | te of Lat 2/199 | | ort | |
| 2. Principal Place o | f Business | 2a. Mailing Address | 2a. Mailing Address 26 | | | | 4, FEI Number 65-0125996 | | | | | Applied For Not Applicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | · • · · · · · · · · · · · · · · · · · · | | | | S Cartificate of Status Desired 38.75 | | | | | | | Additional Required | |
| City & State | | City & State | | | | | | ction Campa st Fund Conf | • | | | | DO M | | |
| <i>Z</i> ip 24 | Country 25 | Zip | 30 | ountry | , | | a. This | s corporation | has liability | tor int | tangible Yes | tax unde | er s. 1 | 99.032, | |
| | Name and Address of Curre | | | | | | | me and Add | | | | Agent | | | |
| | , MANUEL S.W. 8TH STREET 33146 | | | 82 83 | Stre | | ess (P.O. | Box Number | is Not Acce | ptable |) | 85 2 | Zip Co | | |
| SIGNIATURE | provisions of Sections 607.05 fred agent, or both, in the Stat- tillar with, and accept the obligate types or printed name of registered ag | | tatutes, the vas authori; 5, Florida S | | | | | | atement for s. I hereby a | the pur | FL rpose of the app | changir ointment | ng its i | egistered gistered | |
| 12. | | ID DIRECTORS | 1; | | | | | ITIONS/CHA | NGES TO C | PEFICE | | DIRECT | rons | N 12 | |
| TITLE DPS NAME ALV STREET ADDRESS 620 | | ☐ DELEYE | 1.1 1.2 1.3 | TITLE NAME STREET | | SS | | | | | | Chan | | Addition | |
| THE NAME | | DELETE | 2:1 | TITLE | | 1 | | | | · | | Chan | De | Addition | |
| STREET ADDRESS | | | 2.3 | STREET | | ss | | | | | | | | | |
| CHY-SI-ZIP TITLE NAME | | DELETE | 3.1 | 4 CITY-! TITLE NAME | SI - ZIP | | ···· | | | · | | Chan | ige | Addition | |
| STREET ADDRESS | | | 3.3 | STREET | | ss | | | | | | | | | |
| CHY-ST-ZIP THEF NAME | | ☐ DELETE | 4.1 | I. CITY -: I TITLE 2 NAME | SI - ZIP | | | | | | | ☐ Chan | ige | Addition | |

6.4 CITY-ST-ZIP

14. I do hereby certify that the information surplied with his 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 is rule 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 copyrition of 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 final god, fir or an attackment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.4 CITY - ST-ZIP

5.1 TITLE 5.2 NAME

61 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

CITY-S1-76

TELL

NAME STREET ADDRESS

THILE

NAME STREET ADUPESS

SIGNATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

1/21/97 305-264-6367 Dayline Phone # 0183059

Change

Change

Addition

Addition

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Apr 14 1997 8:00am

Secretary of State