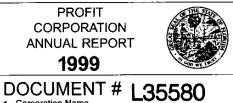
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 04, 1999 8:00 am Secretary of State

06-04-1999 90007 009 ***150.00

SPECIAL	INVESTIGATIVE UNIT, INC).				
Principal Place	e of Business	Mailing Address			T INSTITUTE DEM 15161 BILGE DE INTER INDIE DAVE BESTE	BIBIT BIBIT AFBIT BIBIT BIBIT TOBE
2480 W. 60 ST. : P. O. BOX 172544 HIALEAH FL 33016 MIAMI FL 33017 US US					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualifed	
					12/12/1989	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0159191	\$8.75 Additional
22 27					5. Certifcate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year li	
24	25		30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	d Agent
EEDA	MANDEZ DAMON U		81	Name		
FERNANDEZ, RAMON H. 2480 W. 60TH ST. HIALEAH FL 33016			82	82 Street Address (P.O. Box Number is Not Acceptable)		
THAL	EAT 1-L 33010		83	5		
			84	City	· F	85 Zip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	horized by	/ the corpor	orporation submits this statement for the purpose cration's board of directors. I hereby accept the appropriate the purpose of	of changing its registered
SIGNATURE		NOTE O	N:		guired when reinstating) DATE	
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	m signature req	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	T.		☐ Change ☐ Addition
NAME	FERNANDEZ, RAMON H.	AMON H. 1.2 N				
STREET ADDRESS	17510 N.W. 7 CT.		1.3 STREE	ET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 1.4C		1.4 CITY-1	ST-ZIP		
TITLE			2.1 TITLE			Change Addition
NAME	2.2 N		2.2 NAME			
STREET ADDRESS			2.3 STREE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZiP		
TITLE	☐ DELETE 3.11		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME	İ		
STREET ADDRESS			3.3 STREE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	_		Change Dividuon
NAME			4. 2 NAME			t .
STREET ADDRESS			1	TADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-1	51-ZIP		Change Addition
TITLE			5.1 MILE 5.2 NAME			_ ,
NAME expect appropries				ET ADDRESS		ł
STREET ADDRESS			5.4 CITY-			
CITY-ST-ZIP TITLE		☐ DELETÉ	6.1 TITLE			Change Addition
NAME			6.2 NAME			,
STREET ADDRESS			6.3 STREE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

CITY-ST-ZIP 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 trusteel empowered to execute this eport 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.

Daytime Phone #

CR2E034 (11/98)

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