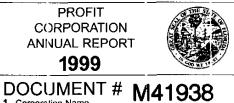
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



CONTROL PROTECTION AND INVESTIGATIONS, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90002 013 ***150.00

Principal Place of Business Mailing Address 3971 S.W. 8TH STREET 3971 S.W. 8TH STREET DO NOT WRITE IN THIS SPACE MIAMI FL 33134 MIAMI FL 33134 3. Date Incorporated or Qualifed US 11/19/1986 4. FEI Number 2. Principa Place of Business 2a. Mailing Address Applied For 3971 S.W. <u>3971 S.W</u> 59-2739807 Not Applicable 26 \$8.75 Additional 5. Certificate of Status Desired \Box Dulge # 206 Fee Recuired 27 # 206 City & State 6. Election Campaign Financing \$5.00 May Be \Box MIRM Minni 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes the current year intangible AGE Dade ☐ Yes []No 29 **ごろ**ユ ろり 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AQUINO, VIVIAN I. 82 Street Acdress (P.O. Box Number is Not Acceptable) 3931 S.W. 2ND TERRACE MIAMI FL 33134 83 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed naine of registered agent and title if applicable (NOTI :: Registered Agent signature required when reinstating) ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition 11 TITLE TITLE AQUINO, VIVIAN I. 1.2 NAME NAME 3931 S.W. 2ND TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE Change TITLE DONATES, P. C. 22 NAME NAME 3921 SW 2ND TERRACE 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33134** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRES S 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 εnnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I εm an officer or director of the corporation or the receipt or trustee empowered to εxecute this report as required by Chapte 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIF

CR2E034 (11/98)