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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

MENT # **M50100** 

(0)

DOCUMENT #
1. Corporation Name

CAMEJO SECURITY CORP.



Principal Place of Business				Mailing Address				T 488/4011 IO) BIAIX BOIRT HOUR BRAIT DEAL BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT			
133 NW 136 PL MIAMI FL 33182				133 NW 136 PL MIAMI FL 33182							
								3. Date Incorporated or Qualifie 04/10/1987		e of Last I 5/01/19	
Principal Place of Business     The Principal Place of Business     The Principal Place of Business			F ···	2a. Mailing Address 26				4. FEI Number 59-2806912			Applied For
Suite, Apt. #	etc.	<del></del>	20	Suite, Apt. #, etc				39-2000912			Not Applicable
22	, eic.		2	¬ '				5. Certificate of Status Desired			5 Additional Required
City & State	*************			City & State			******	6. Election Campaign Financing	`		
23			20	<u>.</u>				Trust Fund Contribution	" 🗆		00 May Be ed to Fees
Zip		Country	L	Zip	Cou	intry		8. This corporation has liability	for intangible t		
24		25	25		30				Yes □No		
	9, Name	and Address	of Current Reg	istered Agent		- т		10. Name and Address of New	w Registered	Agent	
A114810	41.0707					81	Name				
	, albert( 136 plac					82	Street Addr	ress (P.O. Box Number is Not Accep	otable)		
MIAMI FL						83	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
MINN! FL	. 33102					03					
						84	City		F 1	85 Z	ip Code
11 Purcuant to	the province	one of Soctions	607 0502 ond	307 1500 Fladda Ct	alutae the el-		mand	ration submits this statement for the	FL	<u>-                                     </u>	
SIGNATURE	signature, typiod	or printed name of reg OFFIC	isbrod agent and title CERS AND DIR		(NOTE Flagistered	Agent s	signature require		DATE DEFICERS AN	DIRECTO	OBS IN 12
<u> </u>	DP	OFFIC					sgnature require	d when reinstating?  ADDITIONS/CHANGES TO C	OFFICERS AN	DIRECTO	ORS IN 12
12.	DP CAMEJ(	OFFIC <b>), ABERTO</b>		ECTORS	13.	ITLE	sgnature require		OFFICERS AN		
12. TITLE	DP CAMEJO 133 NW	OFFIC D, ABERTO 136 PLANE		ECTORS	13. 1 1 TJ 1 2 N4	TLE AME	sgrature require		OFFICERS AN		
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12.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME TREET ADDRESS CITY-S1-ZIP TITLE	DP CAMEJO 133 NW	OFFIC D, ABERTO 136 PLANE		ECTORS	13. 1 1Ti 12 NA 1.3 ST 1.4 C <sup>1</sup> 2 1 Ti 22 NA 23 ST 2.4 C <sup>1</sup> 3 1 Ti	TILE AME TREET A TILE AME TREET A TILE TREET A TILE	DDRESS ZIP		DEFICERS AN	☐ Change	Addition
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ooth, Too hereby being that the information supplies with this ning is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this canual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ooth, that I am an officer or director of the corporation 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 granged, of the appears in Block 12 or Block 13 if granged, of the appears in Block 12 or Block 13 if granged, of the appears in Block 12 or Block 13 if granged, of the appears in Block 12 or Block 13 if granged, of the appears in Block 12 or Block 13 if granged, of the appears in Block 12 or Block 13 if granged, of the appears in Block 12 or Block 13 if granged, of the appears in Block 13 if granged, of the appears in Block 12 or Block 13 if granged, of the appears in Block 13 if granged and the appears in Block 14 if granged and the appears in Block 15 if granged and the appears in Block

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prione #