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Apr 07 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M52858 (1)
 1. Corporation Name
MAXIMUM SECURITY DETECTIVE BUREAU, INC.



Principal Place of Business: **1401 S.W. 1ST ST. SUITE 203 MIAMI FL 33135**
 Mailing Address: **1401 S.W. 1ST ST. SUITE 203 MIAMI FL 33135-2213**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 4011 W. FLAGLER STREET		26 4011 W. FLAGLER STREET		05/28/1987	03/06/1996
22 406		27 406		4. FEI Number	Applied For
23 MIAMI, FLORIDA		28 MIAMI, FLORIDA		59-2809111	Not Applicable
24 33134		29 33134		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 DADE		30 DADE		<input type="checkbox"/>	<input type="checkbox"/>
26 33134		31 33134		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27 DADE		32 DADE		<input type="checkbox"/>	<input type="checkbox"/>
28 33134		33 33134		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29 DADE		34 DADE		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VALDES JUAN E ESQUIRE				81 Name			
4160 W 16TH AVENUE SUITE 402				82 Street Address (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33012				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLERMO RAFAEL PERERA	1.2 NAME	
STREET ADDRESS	2635 SW 31ST COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 changed or on an attachment with an address.

SIGNATURE _____ **MARCH 31, 1997** **(305) 649-7483**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)