

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 PM 8: 54

DOCUMENT # **N22887** (6)

1. Corporation Name
OPERATION SAFEDRIVE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
100 S BISCAYNE BLVD #900 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0005807** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

5. Certificate of Status Desired \$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**M & W AGENTS, INC.
C/O RICHARD MILSTEIN, ESQUIRE
24TH FLOOR, 801 BRICKELL AVENUE
MIAMI 33131**

10. Name and Address of New Registered Agent
81. Name **Richard C. Milstein, Esq.**
82. Street Address (P.O. Box Number is Not Acceptable) **801 Brickell Avenue 24th Floor**
83.
84. City **Miami** FL 85. Zip Code **33131**

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 Richard C. Milstein **Richard C. Milstein** 1/31/95
Signature, typed or printed name of registered agent and his if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD-
NAME	GIEVERS, KAREN A.
STREET ADDRESS	44 W. FLAGLER ST.
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	MILSTEIN, RICHARD
STREET ADDRESS	801 BRICKELL AV, 24TH FLR
CITY - ST - ZIP	MIAMI FL
TITLE	PVD
NAME	GONZALEZ, ERVIN A.
STREET ADDRESS	100 S BISCAYNE BLVD #900
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gievers, Karen A.
1.3 STREET ADDRESS	44 West Flagler St.
1.4 CITY - ST - ZIP	Miami, FL 33130
2.1 TITLE	Str <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	700001420577
3.3 STREET ADDRESS	-03/03/95 --01043--002
3.4 CITY - ST - ZIP	****130.00 ****130.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

Handwritten: 3/1/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Richard C. Milstein **Richard C. Milstein** 1/31/95 (305) 374-5600
Signature and typed or printed name of signing officer or director Date Daytime Phone #