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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9200007047 (3)

METRO-DADE INVESTIGATIONS AND DETECTIVE SERVICES . INCORPORATED Principal Place of Business Mailing Address 782 NW LEJEUNE ROAD 7981 NW 181 STREET **SUITE 429** MIAMI FL 33015 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 3. Date Incorporated or Qualified 11/23/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0385962 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes □ No 28 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 RAFAEL, EDUARDO 7981 NW 181 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015 B**3 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. **OFFICERS AND DIRECTORS** 13. DELETE 1.1 TITLE Change Addition TITLE RAFAEL, EDUARDO NAME 1.2 NAME 7981 NW 181 STREET STREET ADDRESS 1,3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition ■ DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME

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 emplomental 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 game appears in Block 12 or Block 13 i changed, or or as attachment with an addition.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

PW4145

FILED

Jan 21 1998 8:00am

Secretary of State