FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90242 015 ***150.00

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

Molling Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000019017

1. Corporation Name

Drinning Disea of Business

SIGNATURE

INTERNATIONAL PROFESSIONAL PROTECTION, INC.

Fillicipal Flace	o Dusiness	Halling Flad Coo			\ :
515 SW 12 AVE	· · · ·	515 SW 12 AVE			
STE 523A STE 523A					DO NOT WRITE IN THIS SPACE
MIAMI FL 33130 MIAMI FL 33130					
US		US			3. Date Incorporated or Qualifed
					03/10/1993
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 26					65-0395478 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Sa.75 Additional
27					Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible
24	25 29 30			Personal Property Tax.	
24	9. Name and Address of Curre		<u></u>		10. Name and Address of New Registered Agent
	5. Name and Padiose of Carre	The state of the s	81	Nai	Name
RUS	ALES, HORACIO R		, L		
	ALTON RD.		82	Str	Street Address (P.O. Box Number is Not Acceptable)
				1	
	E 202		83	1	
MIAN	/II BEACH FL 33139		84	Cit	City 85 Zip Code
					''' FL '
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	, the abov	e-nan	amed corporation submits this statement for the purpose of changing its registered
office or r	egistered agent or both in the Stat	e of Florida. Such change was auti	horized by	the c	e corporation's board of directors. I hereby accept the appointment as registered
agent. i a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	ia Statutes	٠.	
SIGNATURE	Signature, typed or printed name of registered a	nest and title if applicable (NOTE: R	Panistered Are	ot siona	gnature required when reinstating) DATE
40		AND DIRECTORS	13.	ik uigini	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	~ · · · · · · · · · · · · · · · · · · ·	DELETE	1.1 TITLE		Change Addition
TITLE	D				
NAME	MODILEO, HOLAGIO II		1.2 NAME		
STREET ADDRESS	1214 121014 110., #202		1.3 STREE	TADDR	ORESS
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-S	ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	23		2.3 STREE	2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY+	ST. 7ID	ם א
TITLE		☐ DELETE	3.1 TITLE		Change Addition
)-			3.2 NAME		
NAME					
STREET ADDRESS			3.3 STREE	TADDR	IDRESS .
CITY-ST-ZiP			3.4. CITY-5	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADDR	DRESS
CITY-ST-ZIP	•		4.4 CITY-S	ST-ZIP	up
TITLE		☐ DELETE	5.1 TITLE		Change Addition
			5.2 NAME		_ · · · ·
NAME			5.3 STREE		INRESS .
STREET ADDRESS	, ,		i i		
CITY-ST-ZIP	•		5.4 CITY-S		
TITLE	'	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDR	DDRESS
1			6.4 CITY-5	2T 7ID	מוי

CITY-ST-ZIP 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 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 arachment with an address, with all other like empowered.