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03-10-1999 90010 022 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031521

1. Corporation Name MIAMI BUSINESS SECURITY INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4289 SW 75TH AVENUE MIAMI FL 33155 US Mailing Address 4289 SW 75TH AVENUE MIAMI FL 33155 US

3. Date Incorporated or Qualified 04/29/1993

2. Principal Place of Business 21 7178 SW 47th Street Suite, Apt. #, etc. 22 B 2a. Mailing Address 26 7178 SW 47th Street Suite, Apt. #, etc. 27 B

4. FEI Number 65-0461844 Applied For Not Applicable

23 City & State Miami, Florida 28 City & State Miami, Florida

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 33155 Country Dade 25 29 Zip 33155 Country Dade 30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLANTES, NESTOR J 9351 SW 45TH TERR. MIAMI FL 33165

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 columns for Officers and Directors, and 13 columns for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

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 attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 305-669-6164

Date Daytime Phone #

CR2E034 (1/198)