**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90114 043 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000040481

1. Corporation Name

OWL PATROL GREAT SECURITY INC.

					.#11 <b>31 11 1 10 11 11 11 11 11 11 11 11 11 11 </b>
Principal Place	e of Business	Mailing Address			
8401 NW 53RD TERR 8		8401 NW 53 RD			
STE 211		STE 211		DO NOT WRITE IN THIS SPACE	
MIAMI FL 33166		MIAMI FL 33166 US		3. Date Incorporated or Qualifed	
US		03		06/08/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0417956	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
				J. Certificate of Status Desires	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	
24	25	2930		Personal Property Tax.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	d Agent
	****		81 Name	OCE ANDONTO BEDINA	
ESPINA, JOSE A			82 Street Addre	OSEANTONIO_ESPINA ess (P.O. Box Number is Not Acceptable)	
	1 NW 53 RD TERR	•		)_S.W. 8 th ST Suite # 40	N3
SUITE 1-N			83		-
MIAMI FL 33166				<u> FLORIDA 33184</u>	. 85 Zip Code
`.	•		84 City	. F	85 Zip Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State m familiar with, and accept the obligations are secured to the control of the provisions of the	of Florida. Such change was autho	rized by the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered
01074710712	Signature, typed or printed name of registered age		stered Agent signature required		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ESPINA, JOSE A		1.2 NAME		
STREET ADDRESS	8401 NW 53RD TERR, 211	1	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY- ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VIDAL, ANGEL		2.2 NAME	the second of th	
STREET ADDRESS	8401 NW 53RD TERR, 211		2.3 STREET ADDRESS		}
CITY-ST-ZIP	Miami fl		2.4 CITY-ST-ZIP		
TITLE	TDE A CUDY	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TREASURY		3.2 NAME		· \
STREET ADDRESS	ANGEL SANTE	Ī	3.3 STREET ADDRESS		}
CITY-ST-ZIP	11890 S.W. 8th ST		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Miami Fl 33184		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		į
CITY-ST-ZIP	l .		4.4 CiTY-ST-ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS	•	
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ Addition
1			6.2 NAME		
NAME STREET ADDRESS			6.3 STREET ADDRESS		

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not quarty for the exemption stated i indicated on this annual report or supplemental annual report is true and accurate and that my signat officer or director of the corporation or the receiver or trustee empowered to execute this report as re Block 12 or Block 13 if changed, or on an attachment with an indiress, with all other like empowered.

1/11/99

The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information wrete and that my signature shall have the same legal effect as if made under oath; that I am an exempt this report as required by Chapter 607, Florida Statutes; and that my name appears in