

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000059247

1. Corporation Name

*Safety Public Protection Officers Inc.*

Principal Place of Business

Mailing Address

20 SW 58th Ave  
Miami, Fla 33144

2. Principal Place of Business

*Same*

2a. Mailing Address

*Same*

Suite, Apt. #, etc.

*—*

27. Suite, Apt. #, etc.

*—*

City & State

*—*

28. City & State

*—*

Zip

*—*

29. Zip

*—*

30. Country

*—*

24. Zip

9. Name and Address of Current Registered Agent

*Julio E. Vidal Torre  
20 SW 58th Ave  
Miami, Fla 33144*

3. Date Incorporated or Qualified	3a. Date of Last Report
<i>8/24/93</i>	<i>1995</i>
4. FEI Number	Applied For
<i>65-0435343</i>	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	
81. Name	<i>—</i>
82. Street Address (P.O. Box Number is Not Acceptable)	<i>—</i>
83. <i>—</i>	<i>—</i>
84. City	<i>FL</i>
85. Zip Code	<i>—</i>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE <input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>President</i>	1.2 NAME	<i>—</i>
STREET ADDRESS	<i>Julio E. VIDAL TORRE</i>	1.3 STREET ADDRESS	<i>—</i>
CITY-ST-ZIP	<i>20 SW 58th Ave</i>	1.4 CITY-ST-ZIP	<i>—</i>
TITLE	DELETE <input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Linda C. VIDAL-TORRE</i>	2.2 NAME	<i>—</i>
STREET ADDRESS	<i>20 SW 58th Ave</i>	2.3 STREET ADDRESS	<i>—</i>
CITY-ST-ZIP	<i>Miami, Fla 33144</i>	2.4 CITY-ST-ZIP	<i>—</i>
TITLE	DELETE <input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>—</i>	3.2 NAME	<i>—</i>
STREET ADDRESS	<i>—</i>	3.3 STREET ADDRESS	<i>—</i>
CITY-ST-ZIP	<i>—</i>	3.4 CITY-ST-ZIP	<i>—</i>
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>—</i>	4.2 NAME	<i>—</i>
STREET ADDRESS	<i>—</i>	4.3 STREET ADDRESS	<i>—</i>
CITY-ST-ZIP	<i>—</i>	4.4 CITY-ST-ZIP	<i>—</i>
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>—</i>	5.2 NAME	<i>—</i>
STREET ADDRESS	<i>—</i>	5.3 STREET ADDRESS	<i>—</i>
CITY-ST-ZIP	<i>—</i>	5.4 CITY-ST-ZIP	<i>—</i>
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>—</i>	6.2 NAME	<i>—</i>
STREET ADDRESS	<i>—</i>	6.3 STREET ADDRESS	<i>—</i>
CITY-ST-ZIP	<i>—</i>	6.4 CITY-ST-ZIP	<i>—</i>

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 119.07(3)(k), 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.

SIGNATURE: *Julio E. VIDAL-TORRE*

(PRINTED, TREADED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

*205-2628223*  
Daytime Phone #

CR2E034 (12/95)