**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000085127

1. Corporation Name

CORPORATE INVESTIGATIVE BAIL BOND AGENCY, INC.

					İ		3		
Principal Place of Business Mailing Address						1 INDICADI (\$5 IBING (ILLI ORIS) AN	PIL WUILL BUIDL !	- Bride Arion (1881)	)
3990 WEST FLAGLER STREET 3990 WEST FLAGLER STREET									
SUITE 305 SUITE 305					1				
CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
					[	12/09/1993			
	ace of Business	2a. Mailing Address				4. FEI Number		A <sub>1</sub>	oplied For
21 248 I	NORTHWEST 42ND AVI	26 248 NORTHWES	Г 4	2ND	AVE	<u>- 65-0455842</u>		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 2ND FLOOR				•		5. Certifcate of Status Desired		<b>-</b>	Additional equired
21 2112 1 3001							\$5.00 May Be		
City & State City & State			- 1		ļ	6. Election Campaign Financing			May Be to Fees
23 <u>MIAM</u>		28 MIAMI, FLORI				Trust Fund Contribution			to rees
Zip	Country	— <u> </u>	Country		Ì	8. This corporation owes the curr	ent year Inta		DN.
24 33126	5  25   USA		UŞA			Personal Property Tax.		L Yes	□No
	9. Name and Address of Current I	Registered Agent	-			10. Name and Address of New F	kegistered /	agent	
			81	Name	T 3 C	WIIGO			ì
MESIAS, HUGO				Street	Addres	HUGO s (P.O. Box Number is Not Accepte	able)		
SUITE 305				248	NO	RTHWEST 42ND AV	ENUE		
3880 W. FLAGLER STREET									
CORAL GABLES FL 33134					$_{\rm FL}$	OOR		<del></del>	
			84	City MIA	мт		FL	85 Zip	Code
SIGNATURE	to the provisions of Sections 607.0502 agistered agont for both, in the State of a familiar with, and accept the obligation of the state of the section of t	ris oi, dectori our losos, i londa c	tatoto.				DATE	en as id	
12.	OFFICERS AND DIRECTORS 13.								
TITLE	PVTS		1 TITLE		PVT			Change	☐ Addition
NAME	MESIAS, HUGO	1	2 NAME			IAS, HUGO			
	·						74 57 77		
STREET ADDRESS						NORTHWEST 42ND	AVE.		'
CITY-ST-ZIP			1.4 CITY-ST-ZIP MTA 2.1 TITLE		MLA	MI, FL_33126		Change	Addition
TITLE									
NAME			2 NAME						1
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			4 CITY-S	IT-ZIP	<b></b>			☐ Change	Addition
TITLE			31 TITLE					change	
NAME	1		3.2 NAME		Į				
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			4. CITY- S	T-ZIP					
TITLE		☐ DELETE 4	1 TITLE					Change	☐ Addition
NAME		4	2 NAME						1
STREET ADDRESS 4.3 ST		4.3 STREET ADDRESS							
CITY-ST-ZIP 4.4 CI		4 CITY-S	T-ZIP						
TITLE			1 TITLE		T —			☐ Change	☐ Addition
MANUE		<b>1</b>	2 NAME		ł				

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 attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

61 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone #

Change

Addition

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90154 050 \*\*\*150.00