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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000055725 (3) DOCUMENT #

SPECIAL INVESTIGATIONS GROUP, INC.

Principal Place of Business Mailing Address 560 N.W. 165TH STREET ROAD P.O. BOX 693760 NORTH MIAMI FL 33169 MIAMI FL 33269-0760 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1479450 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 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 Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COHEN, LEWIS R 1399 S.W. FIRST AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR **B3 MIAMI FL 33130** 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. PD DELETE TITLE 11 TITLE ☐ Change Addition | FRAYND, PAUL NAME 1.2 NAME 560 N.W. 165TH STREET ROAD STREET ADDRESS 1.3 STHEET ADDRESS NORTH MIAMI FL 33169 CITY-ST-ZIP 1.4 CITY-ST-7IP SD DELETE TITLE 2.1 TITLE Change Addition FRAYND, SAUL 2.2 NAME 560 N.W. 165TH STREET ROAD STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAM! FL 33169 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE COLON, GIL 3.2 NAME 560 N.W. 165TH STREET ROAD STREET ADDRESS 3 3 STREET ADDRESS NORTH MIAMI FL 33169 CITY-ST-ZIP 3.4. CITY - ST - ZIP Change ☐ DELETE Addition 4.1 TITLE COLON, BIBIANA NAME 4. 2 NAME 560 N.W. 165TH STREET ROAD STREET ADDRESS 4.3 STREET ADDRESS NORTH MIAMI FL 33169 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. Thereby certify that the information supplied with this filing indicated on this annual report or supply mental arrhual rediffer or director of the corporation of the receiver or test.

Block 12 or Block 13 if changed, or

NAME

STREET ADDRESS

PAUL FRAYND, PRES.

6.2 NAME 6.3 STREET ADDRESS

oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

04/01/98 (305)945-9200

FILED

May 04 1998 8:00am

Secretary of State