

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-10-1999 90228 018 ***150.00

DOCUMENT # **P94000055725 ✓**
1. Corporation Name **SPECIAL INVESTIGATIONS GROUP, IA**

Principal Place of Business Mailing Address
540 N.W. 165 ST RD #110
MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 **S/A/A**

26 Suite, Apt. #, etc.

591479450

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

22 City & State

27 City & State

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **HKEF REGISTERED AGENT CORP.**

82 Street Address (P.O. Box Number is Not Acceptable)
2601 S. BAYSHORE DR. #600

83

84 City **MIAMI**

85 Zip Code **FL 33133**

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 **Arthur J. Furi** Vice President

4-29-99

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
NAME **PRESIDENT/D**
STREET ADDRESS **GILBERT R. COLON**
CITY-ST-ZIP **540 NW 165 STR, #110**
MIAMI, FL 33169

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Director**
1.3 STREET ADDRESS **Arthur Furi**
1.4 CITY-ST-ZIP **2601 S. Bayshore #600**
MIAMI, FL 33133

TITLE ☐ DELETE
NAME **VICE-PRESIDENT/D**
STREET ADDRESS **BIBIANA I. COLON**
CITY-ST-ZIP **540 NW 165 STR, #110**
MIAMI, FL 33169

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **DIRECTOR**
2.3 STREET ADDRESS **THOMAS EQUELS**
2.4 CITY-ST-ZIP **2601 S. BAYSHORE DRIVE**
MIAMI, FL 33133

TITLE ☐ DELETE
NAME **SAUL FRAYND**
STREET ADDRESS **340 NW 165 STR, #110**
CITY-ST-ZIP **MIAMI, FL 33169**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VICE PRESIDENT OF OPERATIONS**
3.3 STREET ADDRESS **MARIO C. MARTINEZ**
3.4 CITY-ST-ZIP **540 NW 165 STR, #110**
MIAMI, FL 33169

TITLE ☐ DELETE
NAME **T/D**
STREET ADDRESS **PAUL FRAYND**
CITY-ST-ZIP **540 NW 165 STR, #110**
MIAMI, FL 33169

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VICE PRESIDENT**
STREET ADDRESS **MARIO C. MARTINEZ**
CITY-ST-ZIP **540 NW 165 STR, #110**
MIAMI, FL 33169

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **Director**
STREET ADDRESS **THOMAS EQUELS**
CITY-ST-ZIP **2601 S. Bayshore #600**
MIAMI, FL 33133

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 in an attachment with an address, with all other like empowered.

SIGNATURE: **Arthur J. Furi** President

4-28-99

305-940-7386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2024 11081