


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90084 001 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P940000067505 | | | |
| 1. Corporation Name High-Tech Guard, Inc | | | |
| Principal Place of Business 1020 NW 45 Ave #212 Miami FL 33126 | | Mailing Address 1020 NW 45 Ave #212 Miami FL 33126 | |
| 2. Principal Place of Business 21 1020 NW 45 Ave Suite, Apt. #, etc. 22 #212 City & State 23 Miami FL Zip 24 33126 Country 25 USA | | 2a. Mailing Address 26 1020 NW 45 Ave Suite, Apt. #, etc. 27 #212 City & State 28 Miami FL Zip 29 33126 Country 30 USA | |
| 3. Date Incorporated or Qualified 9-14-94 | | | |
| 4. FEI Number 650521507 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent MARIA CAMPO 1020 NW 45 Ave #212 Miami FL 33126 | | | |
| 10. Name and Address of New Registered Agent 81 Name MARIA CAMPO 82 Street Address (P.O. Box Number is Not Acceptable) 1020 NW 45 Ave #212 83 84 City Miami FL 85 Zip Code 33126 | | | |
| 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 M. Campo DATE 5/17/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE TATIANA M CAMPO <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME MARIA CAMPO 1.3 STREET ADDRESS 1020 NW 45 Ave #212 1.4 CITY-ST-ZIP Miami FL 33126 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
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| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **M. Campo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **5/17/99**

Daytime Phone #

CR2E034 (11/98)