

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:26

DOCUMENT # **P94000075300 (1)**

1. Corporation Name
SECUREPROTECT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**8760 SOUTHWEST 133 AVENUE ROAD, UNIT 116
MIAMI FL 33183 P.O. BOX 830262
MIAMI FL 33283-0262**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1994	3a. Date of Last Report N/A
4. FCI Number 1.5-0526526	Applied For 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 has liability for intangible tax under S. 193.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4955 W. 137th AVE #3	26. Mailing Address 26
State Apt #, etc 22 #3	State Apt # etc 27
City & State 23 MIAMI, FL.	City & State 28
24 33175	25 DDE
29	30

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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 implications of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDRESSES, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P FORBEZ, RODRIGO F	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBEZ, RODRIGO F	1.2 NAME	
STREET ADDRESS	8760 SOUTHWEST 133 AVENUE ROAD, UNIT 116	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33183	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19 (17)(b)(5), Florida Statutes. I further certify that the information included 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 recipient 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 (changes) or on an attached sheet with an address.

SIGNATURE: *Rodrigo F. Forbez* **RODRIGO F. FORBEZ** *4/25/95* **305-552-7755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR