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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500005368 (2)

LATINOS/U.S.A./BAIL BONDS, INC.

Principal	Place of	Busin	089

Mailing Address

FILED Aug 12 1997 8:00am Secretary of State



3708 HOWELL BRANCH RD. WINTER PARK FL 32792	3708 HOWELL BRANCH RD. WINTER PARK FL 32792-174				
			3. Date Incorporated or Qualified 01/17/1995	3a. Date of Last Report 04/27/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26 4/270 A/6 Suite, Apt. #, etc.	MA AVE	59-32 88548	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional	
22 124.31 A	27 124-31 A)	5. Certificate of Status Desired	Fee Required	
City & State	City & State	.11	6. Election Campaign Financing	\$5.00 May Be	
23 Winter PARK 71	28 Winter PA		Trust Fund Contribution	Added to Fees	
Zip Country 24 32 792 25 Semisorie	Zip	Country	B. This corporation has liability for in		
24 32 792 25 SCHIWALE 9. Name and Address of Current		so seminole	Florida Statutes 10. Name and Address of New Reg	Yes No	
	negistered Agent	81 Name	ID. Name and Address of New Act	Istered Agent	
DELLEVILLE, WALTER O					
			dress (P.O. Box Number is Not Acceptable	e)	
SUITE 6		83			
ALTAMONTE SPRINGS FL 32701		03			
		84 City		FL 85 Zip Code	
At Director to the previous of Sections 607.01.00	and CO7 1LO9 Floride Statutor	. No obove population	resection submits this statement for the m		
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 12. OF FICE RS AND		Ring stered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	DATE EDS AND DIDECTORS IN 12	
TITLE D	DELETE	1.1 THLE	ADDITIONS/OFFAINGES TO OFFIC	Change Addition	
NAME MCLOUGHLIN, CHRISTOPHER		1.2 NAME		LI Olango LI Nasiloli	
STREET ADDRESS 1830 PERUVIAN LANE	•	1.3 STREET ADDRESS] [
DITY-ST-ZIP WINTER PARK FL 32792					
TITLE	DELETE	1.4 C(TY-ST-ZIP 2.1 TITLE	<u> </u>	Change Addition C	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP		ļ	
TITLE	☐ DELĒTE	3.1 THLE		☐ Change ☐ Addition	
NAME	_ • • • •	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. City-\$1-ZiP			
TITLE	DELETE	4.1 TITLE		Change Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		1	
TITLE	DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME		Ds	
STREET ADDRESS		5.3 STREET ADDRESS		16.12	
		4		8 12	
CITY-ST-ZIP TITLE	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME	Ent become	6.2 NAME	وسال فريده وليده وليدا فليدا فليدا وليده	, - ,	
			20000226 -08/14/970100	071 C	
STREET ADDRESS		6.3 STREET ADDRESS	~U3/14/3(~~U1UL)2UU3	
City-St-ZIP 14. I do hereby certify that the information supplied	with this filing does not qualify	64 CitY-ST-7iP for the exemption state	***550,00	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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if diagnized, or on an attachment with an address.