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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P95000019106 (0)

BACKUP AMERICA, INC.

FILED May 02 1997 8:00am Secretary of State

Principal Place	of Business	Mailing Addr	ess							
10810 SW 158 COURT. STE. 108 10810 SW 158 COURT. STE MIAMI FL 33198 MIAMI FL 33198-4217				E. 108						
						3. Date Incorp 03/07/19	orated or Qualified		e of Last F 2/1996	Report
2. Principal Pl.	ace of Business	2a. Mailing Ar		·		4. FEI Numbe			A	pplied For
21 157	71 SW 104 Terr.			<u> 6305</u>	39	65-056	2958			ot Applicable
Suite, Apt	#, etc. 202	Suite, Apt	. #, etc.			5. Certificate	of Status Desired			Additional lequired
City & State	.	City & Sta	-	FL	· · · · · · · · · · · · · · · · · · ·	1	mpaign Financing Contribution			May Be to Fees
Zip	Country	Žip		Count		8. This corpor	ation has liability for	<i>3</i>		s. 199.032,
24 <i>3</i> 31		29 33//		30 6	15A	Florida Stat			No	
Olo	9. Name and Address of Currer	nt Registered Agei	nt	8	1 Name	10. Name and	Address of New Re	gistered A	gent	
	SON, ANTJE M			ľ	T Tall To	<u> </u>				
	10 SW 158 COURT, STE. 108 MI FL 33196			8	2 Street A	ddress (P.O. Box Nur	nber is Not Acceptat 104 Terra			
ITIN'N	WI I E 00 100			8	3 #	202				
				8	1 0				85 Zip	-Code ₂
					1 1/2	liami		FL,	1 3	3196
SIGNATURE.	o the provisions of Sections 607.050 ogistered agent, or both, in the State of familiar with, and accept the oblig	LOSON	40 ti	OM.	6,165	or_	ctors. I hereby acce	of the appo	ointment as	s registered
	Signature, typist of placed hame of registered ag-	ent and little if applicable.	- INCOTE	· Registered &	gent signature re	equired when reinstating)		DATE		
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4. To hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I future 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; the lam 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.

SIGNATURE:

MAJO M. KIBSON ANTE M. GIB

4/21/97

305 539 -6440 Daytime Phone #