

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000053296 (6)**

1. Corporation Name:

**ANACONDA GOLDEN SECURITY AND PATROL INC.**



Principal Place of Business: **4111 NW 37TH AVENUE LOT D-414 MIAMI FL 33142**  
Mailing Address: **4111 NW 37TH AVENUE LOT D-414 MIAMI FL 33142**

3. Date Incorporated or Qualified <b>07/05/1995</b>	3a. Date of Last Report
4. FEI Number <b>(65-0596003)</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>DEL CARMEN SANCHEZ , MARIA 4111 NW 37TH AVENUE LOT D-414 MIAMI FL 33142</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0602 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 607.0606, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PSD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DEL CARMEN SANCHEZ , MARIA</b>		1.2 NAME	
STREET ADDRESS: <b>4111 N.W. 37TH AVE., LOT D-414</b>		1.3 STREET ADDRESS	
CITY-ST- ZIP: <b>MIAMI FL 33142</b>		1.4 CITY- ST- ZIP	
TITLE: <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		2.2 NAME	
STREET ADDRESS: <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
CITY-ST- ZIP: <input type="checkbox"/> DELETE		2.4 CITY- ST- ZIP	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		3.2 NAME	
STREET ADDRESS: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
CITY-ST- ZIP: <input type="checkbox"/> DELETE		3.4 CITY- ST- ZIP	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		4.2 NAME	
STREET ADDRESS: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
CITY-ST- ZIP: <input type="checkbox"/> DELETE		4.4 CITY- ST- ZIP	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		5.2 NAME	
STREET ADDRESS: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
CITY-ST- ZIP: <input type="checkbox"/> DELETE		5.4 CITY- ST- ZIP	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		6.2 NAME	
STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
CITY-ST- ZIP: <input type="checkbox"/> DELETE		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: (PSD)-MARIA DEL CARMEN SANCHEZ. *M. del C.* 01-28-96 541-09-15  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #

CR2E034 (12/95)