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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000054640 (4)

PRONTO BAIL BONDS COMPANY, INC.

Principal Place of Business Mailing Address 1399 NW 17TH AVE. STE. 306 MIAMI FL 33125

1399 NW 17TH AVE. STE. 306 MIAMI FL 33125

## **FILED** Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

|  | ,                                     |  |                                       |                          |                  |                    |                                       |   |  | 3. Date Incorporated or Qualified  |                                     |                |  |
|--|---------------------------------------|--|---------------------------------------|--------------------------|------------------|--------------------|---------------------------------------|---|--|--|-------------------------------------|----------------|--|
|  |                                       |  | · · · · · · · · · · · · · · · · · · · |                          |                  |                    |                                       |   | 07/12/1995                                   |  |                                     |                |  |
| 2. Principal Pl  | ace of Busin                          | $\vdash$   | 2a. Mailing Address                   |                          |                  |                    |                                       | ĺ   | 4. FEI Number                                | — —  | Applied For                         |                |  |
| 21   |                                       |  |                                       | 26                       |                  |                    |                                       |   |  | 65-0599273   |                                     | Not Applicable |  |
| Suite, Apt.  | #, etc.                               | 27   | Suite, Apt. #, etc.                   |                          |                  |                    |                                       |   | 5. Certificate of Status Desired             |  | Additional<br>Required              |                |  |
| City & State   | ······                                | 1=   | City & State                          |                          |                  |                    |                                       |   | 6. Election Campaign Financing               | \$5 N  | 0 May Be                            |                |  |
| 23   |                                       | 28   |                                       | ,                        |                  |                    | Trust Fund Contribution Added to Fees |   |  |  |                                     |                |  |
| Zip  | ļ                                     | Country  | oxdot                                 | <b>├</b> ──              |                  |                    | untry                                 | intry   |  | 8. This corporation owes or has paid the current year Intangible                             |                                     |                |  |
| 24   |                                       | 29   | 11                                    |                          |                  |                    |                                       |   | Personal Property Tax due June 30.  Yes X No |  |                                     |                |  |
| g. Name and Address of Current Registered Agent  |                                       |  |                                       |                          |                  |                    |                                       |   | 10. Name and Address of New Registered Agent |  |                                     |                |  |
| ABREU, FRANK   |                                       |  |                                       |                          |                  |                    |                                       | 81 Name   |  |  |                                     |                |  |
| 16   | 328 N.W. 2                            | 8 AVENUE   |                                       |                          |                  |                    |                                       | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |                                     |                |  |
| M  | IAMI FL 33                            | 125  |                                       |                          |                  |                    |                                       |   |  |  |                                     |                |  |
|  |                                       |  |                                       |                          |                  | 83                 |                                       |   |  |  |                                     |                |  |
|  |                                       |  |                                       |                          |                  |                    | 84                                    | City  | City   |  |                                     | Code           |  |
| 11. Pursuant t   | o the provisi                         | ons of Sections 607.0502                                 | and 8                                 | 07.1508,                 | Florida Statu    | es, the a          | bove                                  | :<br>e-nam <del>ed c</del> o                          | erpora                                       |  |                                     | its registered |  |
| office or re   | egistered ag                          | ent, or both, in the State                               | of Flori                              | da, Such                 | change was       | authorize          | d by                                  | the corpo   | oration'                                     | 's board of directors. I hereby accept the   | appointment a                       | s registered   |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named exporation 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 a cept the obligations of, Section 607.0505, Florida statutes. |                                       |  |                                       |                          |                  |                    |                                       |   |  |  |                                     |                |  |
| SIGNATURE .  | $\leq$                                | or printed name of registered agen                       |                                       | . V anniinalii           | - 200            | E Booisson         | 4 000                                 |   | موسوع  | when reinstating) DA   | <u>-0-/8</u>                        |                |  |
| 12.  | ырлаше, гурас                         | OFFICERS AND   |                                       |                          | s. (1401         | 13.                | u Age                                 | art arginaturo re                                     | agoired w                                    | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTO                         | DRS IN 12      |  |
| TITLE  | PID                                   | OT TOLING AINL   | UITIL                                 |                          | DELETE           | 1.1 T              | ITI F                                 | •   |  | ADDITIONO/OF IARGES TO OFF TOLERO  | ☐ Change                            |                |  |
| 1  | 1. 1                                  | I CDANK  |                                       |                          |                  | 1                  |                                       | 1   |  |  |                                     |                |  |
| NAME   | ABREU, FRANK                          |  |                                       |                          |                  |                    | 1.2 NAME                              |   |  |  |                                     |                |  |
| STREET ADDRESS   | 1628 N.W. 28 AVENUE<br>MIAMI FL 33125 |  |                                       |                          |                  |                    | 1.3 STREET ADDRESS                    |   |  |  |                                     |                |  |
| CITY-ST-ZIP  |                                       | FL 33125   |                                       |                          | 1                |                    | ITY-S                                 | T-ZIP   |  |  |                                     |                |  |
| TITLE  | S                                     |  |                                       |                          | DELETE           | 2.1 T              |                                       |   |  |  | Change                              | : L Addition   |  |
| NAME   |                                       | S, FLOR  |                                       |                          |                  |                    | 2.2 NAME                              |   |  |  |                                     |                |  |
| STREET ADDRESS   |                                       | i.W. 28 AVENUE   |                                       | 2                        |                  |                    | 2.3 STREET ADDRESS                    |   |  |  |                                     |                |  |
| CITY-ST-ZIP  | MIAMI                                 | FL 33125   |                                       |                          |                  |                    | 2. 4 CITY-ST-ZIP                      |   |  |  |                                     |                |  |
| TITLE  |                                       |  |                                       | L DELETE                 |                  |                    | 3.1 TITLE                             |   |  |  | ☐ Change                            | Addition       |  |
| NAME   |                                       |  |                                       |                          | 3.2 N            |                    |                                       | 3.2 NAME  |  |  |                                     |                |  |
| STREET ADDRESS   |                                       |  | 3.3 ST                                |                          |                  | 3.3 STREET ADDRESS |                                       |   |  |  |                                     |                |  |
| CITY - ST - ZIP  |                                       |  |                                       |                          |                  |                    | ST-ZIP                                |   |  |  |                                     |                |  |
| TITLE  |                                       |  |                                       |                          | DELETE           | 4.1 T              | _                                     |   |  |  | Change                              | ☐ Addition     |  |
| NAME   |                                       |  |                                       |                          |                  | 4.21               | IAME                                  | -   |  |  |                                     |                |  |
| STREET ADDRESS   |                                       |  |                                       |                          |                  |                    |                                       | ADDRESS   |  |  |                                     |                |  |
| CITY-ST-ZIP  |                                       |  |                                       |                          |                  |                    | ITY-S                                 |   |  |  |                                     |                |  |
| TITLE  |                                       |  |                                       |                          | DELETE           | 5.1 Ti             |                                       |   |  |  | Change                              | Addition       |  |
| NAME   |                                       |  |                                       | •                        |                  | 5.2 N              |                                       |   |  |  |                                     | ****           |  |
| STREET ADDRESS   |                                       |  |                                       |                          |                  |                    |                                       | ADDRESS   |  |  |                                     |                |  |
| CITY-ST-ZIP  |                                       |  |                                       |                          |                  |                    | <br> TY-8'                            |   |  | •  |                                     |                |  |
| TITLE  |                                       |  |                                       |                          | DELETE           | 5,4 C              |                                       | . 431   |  |  | Change                              | ☐ Addition     |  |
| NAME   |                                       |  |                                       | •                        |                  | 6.2 N              |                                       |   |  |  |                                     |                |  |
| ľ  |                                       |  |                                       |                          |                  |                    |                                       | * DDDDDCC   |  |  |                                     |                |  |
| STREET ADDRESS   |                                       |  |                                       |                          |                  |                    |                                       | ADDRESS   |  |  |                                     |                |  |
| CITY-ST-ZIP  | and to the set of                     | Information according to the                             | h thin i                              | filina da -              | o not a retit. 4 | 6.4 C              | ITY-S                                 | T-ZIP   | lin Ca-                                      | otion 110 07(3Vi) Florida Statutas I furth   | or cortify that 4                   | a information  |  |
| indicated in   | ะะนห เกลเ เกเ<br>on this annu         | s anomigation supplied wit<br>al report or suppliemental | ກ ນນຣ ໄ<br>ສວກນອ                      | iling 000<br>I renort is | s not quality it | urate an           | o tha                                 | non stated<br>at my signa                             | ature s                                      | ction 119.07(3)(i), Florida Statutes. I furthe<br>shall have the same legal effect as if mad | er cermy mat it<br>le under oath: t | nat 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 en an attachment with an address.