

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000065816 (7)**

1. Corporation Name
NATIONAL DETECTIVE SERVICE, INC.



Principal Place of Business: **5920 SW 156 COURT MIAMI FL 33193**
Mailing Address: **5920 SW 156 COURT MIAMI FL 33193**

3. Date Incorporated or Qualified: **08/24/1995**
3a. Date of Last Report
4. FEI Number: **65-0632614**
Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERNANDEZ, LEIF
5920 SW 156 COURT
MIAMI FL 33193**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 and fee applicant

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS
TITLE: **President**
NAME: **Leif Fernandez**
STREET ADDRESS: **5920 SW 156 Ct**
CITY-ST-ZIP: **Miami, FL 33193**
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?
1. TITLE: [Change] [Addition]
2. NAME: [Change] [Addition]
3. STREET ADDRESS: [Change] [Addition]
4. CITY-ST-ZIP: [Change] [Addition]
5.1 TITLE: [Change] [Addition]
5.2 NAME: [Change] [Addition]
5.3 STREET ADDRESS: [Change] [Addition]
5.4 CITY-ST-ZIP: [Change] [Addition]
6.1 TITLE: [Change] [Addition]
6.2 NAME: [Change] [Addition]
6.3 STREET ADDRESS: [Change] [Addition]
6.4 CITY-ST-ZIP: [Change] [Addition]

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-04/16/96--01057--001
***208.75**

**4-15-96
JR**

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: **Leif Fernandez** **Leif Fernandez** **4/1/96 (305) 262-1422**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)