Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90043 034 \*\*\*158.75



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000065816

1. Corporation Name

NATIONAL DETECTIVE SERVICE, INC.

IMITOTA	L DETECTIVE O	CHVIOL, IIII	<i>,</i>												
Principal Place	e of Business		Mailing Address							EL BILLI BULLI	4010) PB()) OB:			: 11 <b>018 W</b> 111 10W1	
928 SW 82 AVE. MIAMI FL 33144			928 SW 82 AVE. MIAMI FL 33144						_			10.00	or.		
										O NOT WR		IS SPA	CE.	1	
									Iricorporated 24/1995	or Qualifed	1				
2. Principa Place of Business			2a. Mailing Address					4. FEI Number					Applied For		
21			26					65-0632614					Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifc te of Status Desired \$8.75 Additional							
22			27										Fee Re		
City & State			City & State					6. Election Campaign Financing \$5.00 May Be							
Zip Country			Zip Country					Trust Fund Contribution Added to Fees  8. This or rporation owes the current year Intangible						ic Fees	
Zip	25	ту	<del>├-</del> ¬	30	лене у				ccrporation of or al Property		rrent year I	ntangii		[9No	
24	9. Name and Addr	ess of Current	29 Registered Agent	30	Τ-				e and Addre		Registere				
	o. Italije pila Adol	ess or ourrent	registere ragerit		81	Name									
FER	NANDEZ, LEIF					01 4		<u> </u>		Nick Acces	4=41=1				
5920 SW 156 COURT					82	Street	Ac ares	s (P.O. Bo	ox Number is	Not Accep	nable)				
MIAN	M FL 33193				83										
					84	City					F	1 8	5 Zip (	Code	
office or re	egistered agent, or bo m familiar with, and ac	h, in the State of cept the obligation	and 607.1508, Florida Statu Florida, Such change was ons of, Section 607.0505, Fl	authorize orida Stat	d by tutes	the corp	ooration's	s board of	t cirectors. I r	ereby acce	ept the app	ointme	nt as re	g stered	
	Signature, typed or printed na			Registered	d Agen	t signature	required wi		g) Kins/CHAN	GES TO O	DATE	WID D	IRECTO	)E S IN 12	
12.	P	OFFICERS AND	DIRECTORS	13.	ITI C		T	ADDII		323 10 0	THOUNG		Change	Addition	
TITLE	FERNANDEZ, LEIF	:	- Veccie	1.2 N									•		
NAME	928 SW 82 AVE					ADDRESS									
STREET ADDRESS	MIAMI FL 33144				ITY-S									1	
CITY-ST-ZIP TITLE	MIMMITE DOTT		☐ DELETE	2.1 T			+-						Change	Addition	
NAME				2.2 N	AME										
STREET ADDRESS				2.3 S	TREET	ADDRESS	;								
CITY-ST-ZIP				2,40	CITY-9	T-ZIP	1								
TITLE			☐ DELETE	31T			Τ						Change	Addition	
NAME				3.2 N	AME										
STREET ADDRESS				3.3 S	TREE1	ADDRESS	s								
CITY-ST-ZIP				3.4.0	ITY-S	T-ZIP	<u> </u>								
TITLE			☐ DELETE	4.1 Ti	ITLE								Change	Addition	
NAME				4.21	AME										
STREET ADDRE 3S				4.3 \$	TREET	ADDRESS	;								
CITY-ST-ZIP					ITY-S	r-ZiP	<u> </u>						Channa		
TITLE /			☐ DELETE	51T								L.J	Change	Addition )	
NAME				52 N											
STREET ADDRESS				1		ADDRESS	,								
CITY-ST-ZIP			DELETE	54 C	TY-S	1-ZIP	<del> </del>						Change	Addition	
TITLE			☐ bereie	6.2 N									ununge		
NAME STREET ADDRESS						ADDRESS	;								
STREET ALTITUDE SST				8 0.00	,										

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an adachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRE 3S

CITY-ST-ZIP