PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081073

1. Corporation Name

May 03, 1999 8:00 am Secretary of State 05-03-1999 90067 025 ***150.00

AMERICA	AN ANCHOR LOCK SERVI	CE, INC.			·				
Principal Plac	e of Business	Mailing Address					#H. ##1#1 18	180 11841 88701 s	
2711 S.W. 1171	TH COURT	2711 S.W. 117TH COURT	Ť						
MIAMI FL 33175 MIAMI FL 33175						DO NOT WRITE I	N THIS S	SPACE	
						3. Date Incorporated or Qualifed	14 11 110 0	" MOL	
	•				•	10/19/1995			
2 Principal F	Place of Business	2a. Mailing Address				4 FEI Number		Ap	plied For
21	1200 07 20011000	26		3.	60 .	65-0616066		_ _ ·	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1			,	\$8.75	\dditional
22	,	27				5. Certifcate of Status Desired	J	Fee Re	quired
City & Stat	te	City & State		•		6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	J	Added t	o Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current	year Inta		
24	25	29	30			Personal Property Tax.		Yes	□No
	Name and Address of Current	ent Registered Agent		1		10. Name and Address of New Regi	stered A	gent	
	ITANIA DEDDO			81	Name				
	ITANA, PEDRO			82	Street Addr	ess (P.O. Box Number is Not Acceptable). 		
	1 S.W. 117TH COURT								
MIAI	MI FL 33175			83		• •		•	
	•			84	City			85 Zip (Code
	•			1 1	•	oration submits this statement for the pur	<u> </u>	1 .	
agent. I a	am familiar with, and accept the oblig				signature require	d when reinstating)	DATE	·	
12.	OFFICERS A	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	PTD	☐ DELETE	1,1 7	ITTLE				☐ Change	☐ Addition
NAME '	SANTANA, PEDRO		1.21	VAME					
STREET ADDRESS			1,3 \$	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33175		1.40	CITY-ST	-ZIP				
TITLE	SVD	☐ DELETE	2.17	TITLE	1	•		☐ Change	Addition
NAME	SANTANA, MILADY		2.21	NAME	Ì				
STREET ADDRESS	1		2.3 5	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33175			CITY-S1	r-ZIP			☐ Change	Addition
TITLE	↓	☐ DELETE	3.17	mnr					☐ Addison
NAME			1		1			Onlinge	.)
STREET ADDRESS	.			NAME				Change	-
CITY-ST-ZIP	3			NAME	ADDRESS		,	Criainge	
	3		3.3 S 3.4.	NAME STREET CITY-ST					Addition
TILE		☐ DELETE	3.3 \$ 3.4. 4.1 T	NAME STREET CITY-ST				Change	Addition
		☐ DELETE	3.3 \$ 3.4. \$ 4.1 T 4.2	NAME STREET CITY-ST TITLE NAME	T-ZIP				☐ Addition
TITLE		☐ DELETE	3.3 \$ 3.4. 4.1 7 4.2 4.3 \$	NAME STREET CITY-ST TITLE NAME STREET	-ZIP ADDRESS				☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.3.5 3.4. 4.1.7 4.2 4.3.5 4.4.6	NAME STREET CITY-ST TITLE NAME STREET CITY-ST	-ZIP ADDRESS			☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.3 \$ 3.4. 4.1 7 4.2 4.3 \$ 4.4 6 5.1	NAME STREET CITY-SI TITLE NAME STREET CITY-ST TITLE	-ZIP ADDRESS				☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3		3.3 \$ 3.4. 4.17 4.2 4.3 \$ 4.46 5.1	NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS .			☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3		3.33 3.4. 4.17 4.2 4.33 4.44 5.1 5.24	NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET	ADDRESSZIP ADDRESSADDRESS			☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	. DELETE	3.3 \$ 3.4. 4.17 4.2 4.3 \$ 4.44 5.1 * 5.24 5.3 \$ 5.44	NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST CITY-ST	ADDRESSZIP ADDRESSADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3		3.3 \\ 3.4 \\ 4.1 \\ 4.2 \\ 4.3 \\ 4.44 \\ 5.1 \\ 5.2 \\ 5.3 \\ 5.4 \\ 6.1	NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE CITY-ST TITLE TITLE TITLE	ADDRESSZIP ADDRESSADDRESS			☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3	. DELETE	3.3 3.4. 4.1 1 4.2 2 4.3 3 4.4 4 5.1 1 5.2 4 5.3 3 5.4 4 6.1 1 6.2 1	NAME STREET CITY-SI TITLE NAME STREET TITLE NAME STREET CITY-ST TITLE NAME NAME	ADDRESS ZIP ADDRESS ZIP			☐ Change	☐ Addition
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14. I hereby certify that the information subplied 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 repert of suppliermental 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 coprolation on 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 changing the properties of the coprolation of the coprol

SIGNATURE: