FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000091180 (6)

METRO GUARD PROTECTION SERVICES, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place		Mailing Address			
2199 NW 22	AVE	2199 NW 22 AVE			
#2A Miami Fl 331	142	MIAMI FL 33142		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
				11/30/1995	
	lace of Business	2a. Mailing Address	. 00	4. FEI Number	Applied For
	Hialeah DR.		eah DR	65-0621675	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Suite 5 27 Suite 5 City & State			>		Fee Required
⊢ (1	اء ام جا	— — — — — — — — — — — — — — — — — — —	I.	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 H (O	Country	28 HIA lean,	Country	Trust Fund Contribution 8. This corporation owes or has paid the	
24 330	10 25 USA		ฐา ๊น๊SA	Personal Property Tax due June 30.	Yes K No
241 -	9. Name and Address of Currer	nt Registered Agent	1	10. Name and Address of New Register	
14	UZARDO, ERNESTO		B1 Name		
Land to the state of the state				dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33055				areas (1.0. box Number is Not Acceptable)	
83					· · · · · · · · · · · · · · · · · · ·
			84 City		85 Zip Code
			}	F	'L. ! ` `
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named con	rporation submits this statement for the purposation's board of directors. I hereby accept the	e of changing its registered
agent. I a	m familiar with and arcon he abig	ations of, Section 607.0505, Flor	rida Statutes.	ation's board or directors. Thereby accept the t	appointment as registered
SIGNATURE	X/407/Jun	\mathcal{L}_{\cdot}		4-	14-98
	Signature: typed or a mod name of registered as		Registered Agent signature requ		
12.	PTD OFFICERS AN	ID DIFIECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	LAUZARDO, ERNESTO	L. Detet	1.2 NAME		C one-igo C 7 conton
STREET ADDRESS	5531 NW 203TH TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		1.4 CHY-ST-ZIP		
TITLE	VSD	DELETE	2.1 TITLE		Change Addition
NAME	LAUZARDO, ANNETTE		2.2 NAME		
STREET ADDRESS	5531 NW 203TH TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 1/TLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		☐ DELETE	5 1 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE	•	Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6 4 CiTY-ST-ZiP		

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 of the receiver or tusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changin, or of an aria; ment with an address.

4-14-00 258881211