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

Mailing Address

11401 S.W. 40TH STREET

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

11401 S.W. 40TH STREET

SIGNATURE:



FLORIDA DEPARTMENT OF STAT

**FILED** 

May 08 1997 8:00am

Secretary of State

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093429 (5)

DESRON PROTECTIVE SERVICES OF SOUTH FLORIDA, INC

●320 MIAMI FL 33165		#320 Miami FL 33165-3339			FEI 65-00	FEI 65-0679913	
					<ol> <li>Date Incorporated or Qualified</li> <li>12/08/1995</li> </ol>	3a. Date of Last Report 04/26/1996	
<u> </u>	ace of Business	2a. Mailing Address		b=====================================	4. FEI Number	Applied For	
0.25	H .44	26]			APPLIED FOR 45-	<del></del>	
Suite, Apt.	F, OLC	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zi City & State		Gity & State	27)		C. Flashin Onnaha Flashin		
3	,	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Z <sub>(p)</sub>	I Counti		8. This corporation has liability for		
4	25	29	30	•		Yes No	
	9. Name and Address of	Current Registered Agent			10. Name and Address of New R	legistered Agent	
ORA	SI, RONALD		8	1 Name			
11401 S.W. 40TH STREET			8	62 Street Address (P.O. Box Number is Not Acceptable)			
#320			101	Sileur	Address (F.O. Not North Street Accepte	ibiej	
MIAN	AI FL 33165		8:	3			
			<u> </u>	1			
			8-	City		FI 85 Zip Code	
agent. i ar SIGNATURE	n familiar with, and accept the	c obligations of, Section 607.0505	, Florida Statute	es.	poration's board of directors. I hereby acci	Date	
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	PT	DELETE	1.1 1111.6			Change Addition	
NAME	ORASI, RONALD		1.2 NAME		}		
STREET ADDRESS	11401 S.W. 40TH ST. #3	320	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-	S1-ZiP			
ITLE	SV	DELFIE	2 1 TITLE			Change Additio	
IAME	BLANCO, ISMAEL		2.2 NAME				
STREET ADDRESS	11401 S.W. 40TH ST. #3	320	2 3 S1 HEE	1 ADDRESS	}		
CITY-ST-ZIP	MIAMI FL 33185		2.4 CIŢY	S1-ZIP			
MTE		☐ DETETE	3.1 TITLE		[	Change Additio	
VAME			3.2 NAME				
STREET ADDRESS			3 3 STREE	1 ADDRESS	)		
XITY-ST-ZIP			34. City-	S1 - 71f*			
TITLE		☐ DELETE	4.1 TITLÉ		[	Change Additio	
VAME			4. 2 NAMS				
STREET ADDRESS			4.3 STRE	1 ADDRESS			
NTY-ST-ZIP		T Areas	4.4 CITY+	ST-7IP			
IUTE		☐ OELETE	5 1 TITLE		{	☐ Change ☐ Additio	
AME			5.2 NAM		{		
STREET ADDRESS			1	T ADDRESS	{		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-	S1-ZIP		F1 86.2.2.	
ITLE		LJ DETER	6 1 TITLE			Change Addilio	
AME			6.2 NAME		}		
STREET ADDRESS			1	ADDRESS			
A Ldo bereb	y cartify that the information of	unabad with this files date and	64 CITY-		totad in Caption 410 07(0)(5 Florida Co. )	na I fustou and fustout	
information I am an off appears in	icer or director of the corpora Block 12 or Block 13 if chang	ort or supplemental annual report from or the receiver or trustee emp ged, or on an attachment with an i	is true and acc sowered to exe- address	urate and cute this r	lated in Soction 119.07(3)(i), Florida Statul i thal my signature shall have the same log report as required by Chapter 607, Florida	es. Floridic certify that the ral effect as if made under oath, the Statutes; and that my name	