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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



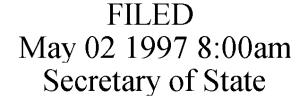
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600004170 (2)

CRIME PREVENTION TRAINING DIVISION, INC.



Daylime Phone #

Principal Place 10716 CORAL MIANU FL 3316	WAY	Mailing Address 10446 CORAL WAY MIAM FL 33165-2456					
	.W·857, Ste.409A FL-33135	4.0. Box 651042 Uinner Ft. 332		3. Date Incorporated or 01/12/1996	Qualified 3a. Da	ite of Last R	eport
	lace of Business	2a. Mailing Address		4. FEI Number	- ·	Ar	plied For
21 / 8 5 Suite, Apt	0 s.w. 8 St.	26 P.O.Box Suite, Apt. #, etc.	651042	65-068768	14		t Applicable
22 40°		27 Suite, Apr. #, etc.	•	5. Certificate of Status D	Desired	\$8.75 / Fee Re	
City & State		City & State		6. Election Campaign Fi	nancing	\$5.00	
23 M 1A1		28 MIAHI, FL		Trust Fund Contribution		Added t	
Zip*	25 U.S. A	Zip	Country	6. This corporation has	attended to the		. 199.032,
24	9. Name and Address of Current I	29 33265 30 Registered Agent	D.S.A.	Ftorida Statutes 10. Name and Address		_ No Agent	· · · · · · · · · · · · · · · · · · ·
GUE	ERRA, ALBERTO		81 Name				
	46 OORAL WAY		82 Street	BETTY TA	RALDO	 	
KIM	MI FL 23165 1		18	50 5,W, 8 54			
25	25 S.W. 1070t.		83 5	uite 409-A			
ŭ:	ANI FL. 33165		84 City	10 '	E1	85 Zip (Code 31.35
		and 607 1508 Torida Statutes	the shove-name	M A H corporation submits this stateme	F_		
n na ebilta	to the provisions of Sections 697,002 egistered agent, or both in the State of in familiar with, and accept the obligation	Florida Such change was auf	horized by the co	rporation's board of directors. I he	reby accept the app	ointment as	registered
SIGNATURE	and accept the obligation	JA 3001101 007.0003, 1300	da Stantes.		4/21/	97	
<u> </u>	sal more, typical of printed name of gasterud agent			re required when reinstating)	DATE	/	
12.	OFFICERS AND I	DIRE CTORS DELETE	13.	ADDITIONS/CHANGES	TO OFFICERS/AND	DIRECTOR Change	RS IN 12
NAME	GUERRA, ALBERTO	DELETE.	1.1 TITLE 1.2 NAME	In III Facat	. 3d		LI Audition
STREET ADORESS	10746 CORAL WAY		1.3 STREET ADDRESS	1850 S.W. 8 St	Suite 40	q-A	
City+St-ZiP	MIAMI FL 33165		1.4 CITY - ST - ZIP	MINHI FL. 331			
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADORESS			2.3 STREET ADDRESS		1.5		
Cilir - Si - ZiP Title		DELETE	2. 4 CITY + ST - ZIP 3.1 TITLE			Change	Addition
NAME			3.2 NAME			S.vRo	
STEFFET ADORESS			3.3 STREET ADDRESS				
CITY - ST - ZIP		***************************************	3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			L Change	Addition
NAME Chair Laborate			4. 2 NAME				
STREET ADORESS CITY-ST-ZIP			4.3 STREET ADDRESS				
Tilit f		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	 	·····	Change	Addition
NAME			5.2 NAME			- •	
STREET AFFORESS			5.3 STREET ADDRESS				
CITY - ST- ZIF			5.4 CITY - ST - ZIP				
TIME		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADORESS			6.3 STREET ADDRESS	1			

14. If do 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 endicated 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