

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000004170 (2)

1. Corporation Name

CRIME PREVENTION TRAINING DIVISION, INC.



Principal Place of Business

10746 CORAL WAY
MIAMI FL 33165
1850 S.W. 8 St. Ste. 409-A
Miami, FL 33135

Mailing Address

10746 CORAL WAY
MIAMI FL 33165-2456
P.O. Box 651042
Miami, FL 33265

2. Principal Place of Business

21 1850 S.W. 8 St.
Suite, Apt. #, etc.

22 409-A

City & State

23 Miami, FL 33135

Zip

Country

24 U.S.A.

2a. Mailing Address

26 P.O. Box 651042
Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

Country

29 33265 30 U.S.A.

3. Date Incorporated or Qualified

01/12/1996

3a. Date of Last Report

4. FEI Number

65-0687684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERRA, ALBERTO
10746 CORAL WAY
MIAMI FL 33165

2525 S.W. 107th.
Miami, FL 33165

81 Name

Betty FARALDO

82 Street Address (P.O. Box Number is Not Acceptable)

1850 S.W. 8 St.

83

Suite 409-A

84

City Miami

FL

85

Zip Code 33135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	DELETE
NAME	GUERRA, ALBERTO	
STREET ADDRESS	10746 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT (PSTD)	Change	Addition
1.2 NAME	Betty FARALDO		
1.3 STREET ADDRESS	1850 S.W. 8 St. Suite 409-A		
1.4 CITY-ST-ZIP	Miami, FL 33135		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Date

Daytime Phone #

CR2E034 (9/96)