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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000038459 (9)**

CRIME BUSTERS SECURITY PROTECTION, INC.

Principal Place of Business Mailing Address 6902 SOUTHWEST 86TH STREET, SUITE E201 6902 SOUTHWEST 88TH STREET. SUITE E201 MIAMI FL 33158 MIAMI FL 33158-1544 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0661680 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City Zio Code 11. Fursuant to the provisions of Soctions 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or protest rame of registered agent and other applicable (NOTE Fingistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 DILE TIPLE PTD MEHAYDLI, HASSAN NAME 1.2 NAME 6902 SOUTHWEST 88TH STREET, SUITE E201 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33158** 1.4 CITY - ST - ZIP CHY-ST-7IP DELETE Change Addition 2.1 TITLE TITLE VSD NAME GOMEZ, RAMON 2.2 NAME 6902 SOUTHWEST 88TH STREET, SUITE E201 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33158** 2.4 CITY-\$1-ZIP CITY-ST-ZIP ☐ Change \_\_ Addition DELETE 3.1 TITLE THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST ZIF ☐ Change Addition DELETE 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS \$1REEL 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.

4.4 CITY - ST- ZIP

5.3 STREET ADDRESS

54 CITY - ST- ZIP

51 TITLE

52 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIE

STREET ADORESS

STREET ADDRESS

CHY-ST 7:

00Y-SI-7/2

TITLE

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SIGNATURE AND TYPED OR PRINTED

DELETE

DELETE

**FILED** 

Apr 11 1997 8:00am

Secretary of State

Change

(96/6)

Addition

Addition