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Apr 21 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 # P96000048327 (6)

1. Corporation Name

INVESTIGATIVE FIELD SERVICES, INC.

Principal Place of Business

2701 EAST SUNRISE BLVD. STE 318  
FORT LAUDERDALE FL 33304

Mailing Address

2701 EAST SUNRISE BLVD. STE 318  
FORT LAUDERDALE FL 33304-3219



3. Date Incorporated or Qualified

06/03/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 19457 NW 62 AVE

Suite, Apt. #, etc.

22 City & State

23 Miami, Florida

Zip

24 33015

Country

25 USA

2a. Mailing Address

26 18520 NW 67 AVE

Suite, Apt. #, etc.

27 Suite 258

City & State

28 Miami, Florida

Zip

29 33015

Country

30 USA

4. FEI Number

65-0717631

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

JHONES, ANA M  
2701 EAST SUNRISE BLVD. STE 318  
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME JHONAS, LEONEL  
STREET ADDRESS 19457 NW 62ND AVENUE  
CITY-ST-ZIP MIAMI FL 33015

☐ DELETE

TITLE D  
NAME JHONAS, ILIANA M  
STREET ADDRESS 19457 NW 62ND AVENUE  
CITY-ST-ZIP MIAMI FL 33015

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME Jhones, Leonel  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME Jhones, Iliana M.  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Leonel Jhones*

Leonel Jhones

4-15-97

(305) 621-1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0260920

CR2E034 (9/96)