

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90190 029 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000067873**

1. Corporation Name  
**SAFE WRAP OF AMERICA, INC.**



Principal Place of Business: 5881 NW 151ST STREET SUITE 112 MIAMI LAKES FL 33014  
 Mailing Address: 5881 NW 151ST STREET SUITE 112 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>08/15/1996</b>	
21		26		4. FEI Number <b>65-0690158</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MIJARES, NOEL</b> 5881 NW 151ST STREET SUITE 112 MIAMI LAKES FL 33014				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>PCEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIJARES, NOEL</b>	1.2 NAME	
STREET ADDRESS	<b>6381 EAST 6TH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<b>TCFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEIVA, DAVID E</b>	2.2 NAME	
STREET ADDRESS	<b>511 E. 40TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<b>LEIVA, MARTHA J.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEIVA, MARTHA J</b>	3.2 NAME	
STREET ADDRESS	<b>511 E. 40TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	3.4 CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> DELETE	4.1 TITLE	<b>VPCOO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLER, RAYMOND E</b>	4.2 NAME	<b>8326 NW 144 Terrace</b>
STREET ADDRESS	<b>21424 NW 40TH CIRCLE COURT</b>	4.3 STREET ADDRESS	<b>MIAMI LAKES, FL. 33013</b>
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Wolfgang* **NOEL MIJARES** 1/5/99 #305-828-5500

CR2E034 (11/98)