

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

FILED

Jun 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P960000 78736  
1. Corporation Name

COMMERCIAL SECURITY AND PROTECTION INC.

Principal Place of Business

2699 COLLINS AVENUE  
SUITE 104  
MIAMI, FLA. 33140

Mailing Address

1925 BRICKELL AVENUE  
SUITE D-206  
Miami, Fla. 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

N/A

4. FEI Number

65-0701160

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 2699 COLLINS AVE,

Suite, Apt. #, etc.

22 SUITE 104

23 City & State  
MIAMI, FLA. 33140

Zip

33140

Country

25 USA

2a. Mailing Address

26 1925 BRICKELL AVE,

Suite, Apt. #, etc.

27 SUITE D206

28 City & State  
MIAMI, FLA.

Zip

33129

Country

30 USA

9. Name and Address of Current Registered Agent

ROGER BESU, ESQ.  
1925 Brickell Ave., Suite D206  
Miami FL 33129

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 607.0402 and 607.1308, 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, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

TITLE P/D ZULOAGA, GUSTAVO  
NAME 2699 COLLINS AVENUE  
STREET ADDRESS SUITE 104  
CITY-ST-ZIP MIAMI, FLA. 33140

☐ DELETE

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE NAME  
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STREET ADDRESS  
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TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
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 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.

4/29/98

305-854-6363

CR2E034 (10/97)