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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENTOF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000087444 (1)

D & L SECURITY CORP.

Principal Place of Business

Mailing Address

4300 SW 116 AVE.

4300 SW 116 AVE. MIAMI FL 33165-553

## FILED May 01 1997 8:00am Secretary of State



MINNET & 0010	<del>-</del>		M	IIAMI FL 33165-5532								
								3. Date Incorporated or Qua 10/23/1996	lified 3a. I	Date of La	st Report	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		· . L	Applied For	
21 4300 6W 1/6 AVE				26 4300 SW 116 AVE				65-070176	<u>ک</u>		Not Applicable	
Sulte, Apt. #, etc.				Suile, Apt. #, etc.				5. Certificate of Status Desire	ed 🔲	\$8.75 Additional Fee Required		
City & State	19AMP FLA			City & State  28 Mrami FLA				6. Election Campaign Finance Trust Fund Contribution	ing			
Zip 2 2 1 /	.6	Country	<b>⊢</b> ₁	Zip	<b>├</b> ─¬	Country	·	8. This corporation has liabili			er s. 199.032,	
24 3316	O Nama	25 DADE and Address of Curre	29	33165	30	DV	DE	Florida Statutes	Yes	_	<del></del>	
11110			iii nega	stereo Ageilt		81	Name -	10. Name and Address of Ne	w Registered	Agent		
I IOO	, CARLOS	N AVE. ← 4300 Sw		4								
A SOU	VII EL 3316	44E 42007 M	//6	m(		82	Street Addr	ress (P.O. Box Number is Not Acc	eptable)			
	All Lit 99 IA	,			,	83						
ran ef						84	City	Α ,	FI	85	Zip Code	
11. Pursuant t	o the provisi	ons of Sections 607.05	02 and €	607.1508, Florida Stat	tutes, the	e abov	re-named corp	poration submits this statement for	the nurneen	of obongi	na its realistered	
office or re agent. I ar SIGNATURE	n familiyir wi	ent, or both, in the State  Mand accept the oblic  Carl	ations o	of, Section 607.0505.	s author Florida s	ized b Statule	y the corporates.	lion's board of directors. I hereby	accept the ap	pointmen	t as registered	
	Signature, typed	or printed name of registered ag	ont and for	e i <sup>r</sup> applicable (N	OTE Regis	tered Ag	ent signature requi	red when reinstating)	DATE			
12.	AAA	OFFICERS AN	ID DIRE			8.		ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	DPS	DI O.C. A		☐ DELETE		.1 TITLE				Chan	ige Addition	
NAME	LUIS, CA	116 AVE.				.2 NAME						
STREET ADDRESS	MIAMI FL				1	3 STREE	I ADDRESS					
CITY-ST-ZIP	MINMI FL	. 33 103		DELFTE		4 City - 5	ST-ZIP					
NAME				ב ויווים ב		3 1011				Chan	ge L Addition	
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					- 1		1 ADDRESS					
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NAME						.2 NAME	]	,		L_J Clian	ge Addition	
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CITY-ST-ZIP						4. CITY-						
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NAME				<del></del>		2 NAME	İ				go	
STREET ADDRESS							I ADDRESS					
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TITLE				DELETE		1 7011.1		7711,744.		Chan	ge Addition	
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TITLE				☐ DELLTE		1 1111.6				Chan	ge Addition	
NAME					6.	2 NAME	[					
STREET ADDRESS					6.	3 STREET	ADDRESS					
CITY-ST-ZIP						4 CITY - S	<b>I</b>					
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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 comparation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if offinged, or on an attachment with an address.