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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000094087**

LAW ENFORCEMENT CAFE, CORP.

Mailing Address	
1634 SW 82 PL. Miami FL 33155	
	1634 SW 82 PL.

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90027 029 ***150.00



Principal Place	of Business	Mailing Address						
1634 SW 82 PL.		1634 SW 82 PL.						
MIAMI FL 33155		MIAMI FL 33155			DO NOT WE	ITE IN THIS	SPACE	
					Date Incorporated or Qualifer			
					11/18/1996			
					4. FEI Number			Applied For
2. Principal Pla	ace of Business	2a. Mailing Address			1			Not Applicable
21		26			65-0713277			Additional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
22	<u> </u>	27						
City & State		City & State			6. Election Campaign Financing	³ 🗆	v - · ·	May Be
23		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country	У	8. This corporation owes the cu	irrent year Int		□No
24	25	29 3	<u>o </u>		Personal Property Tax.	Desistend	Yes	
	9. Name and Address of Curre	nt Registered Agent		.1	10. Name and Address of New	Registered	Agent	
		**************************************	81	1 Name				ļ
	OMO, JOSE		82	2 Street Add	ress (P.O. Box Number is Not Accep	otable)		
1634	SW 82 PL.		-			_		,
MIAN	AI FL 33155		83	3	,	: 1		
			-				85 Zi	p Code
			84	1		FL	_	
44 5	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	the abov	ve-named.com	poration submits this statement for the	ne purpose of	changing	its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	horized by	y the corporati	poration submits this statement for things board of directors. I hereby according	ept the appo	intment as	registered
agent, I ar	m familiar with, and accept the oblig-	ations of, Section 607.0505, Florid	ia Statute	15.				
i .								
SIGNATURE		and and title if analicable (NOTE: R	enistered Ap	ent signature require	red when reinstating)	DATE		
	Signature, typed or printed name of registered ag			ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO C		ND DIREC	TORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.		red when reinstating) ADDITIONS/CHANGES TO C		ND DIREC	
12.	OFFICERS A		13. 1.1 TITLE		ed when reinstating) ADDITIONS/CHANGES TO C			
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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 chapted, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: