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

Making Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P96000102920 (1)

-FIDELITY INVESTIGATION CORP.

FIDELITY INVESTIGATION CORP.

مح رامام،

FILED Feb 10 1997 8:00am Secretary of State



2000 S DIXIE HWY SUITE 104A COCONUT GROVE FL 33133		2000 S DIXIE HWY SUITE 104A COCONUT GROVE FL 33133-2456			3. Date Incorporated or Qualified		of Last Re	·-·
					12/19/1996	01-	<u>04-97</u>	
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For		
21		26			65-0715776			t Applicable
Saite, Apt. #, etc. 22		Suite. Apt. #, etc. 27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	lo Fees
Ζιρ <b>24</b>	Country 25	21p	30 Cour	itry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Ag	jent	
VELUNZA	I, B. ALEXSANDER		1	81 Name				
	YWH BIXK			82 Street A	oddress (P.O. Box Number is Not Acceptab	le)		
	IT GROVE FL 33133			83				
				84 City		FL		Code
SIGNATURE Sign	The state of the state of actions of the state of actions of the state	ioni aud title di policare (Ne	OTE: Registered		required when reinstating)	01-04-	97	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
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	Lunza, B. Alexsander		1 2 NA	ME	VELUNZA, B. ALEXSANDER	•		
	00 S DIXIE HWY		1.3 STI	REET ADORESS	2000 S. DIXIE HWY	2		
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STREET ADORESS				REET ADDRESS	***165.00		_	
DITY-ST-78			6.4 CI	TY-ST-ZIP	4.4.2001.00			

14. Lide 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 suppliered 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 theory of vustee 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 attrichment with a) address.

SIGNATURE:

CONTROL OF THE LOSS PRINTED NAME OF TO MING OFFICER OR DIRECTOR

01-04-97

(306) 285 - 3434 Daytime Phone # 0009073