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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000047404 (3)

FIDELITY INVESTIGATIVE SERVICES, CORP.

Principal Place of Business	Mailing Address  2000 SOUTH DIXIE HIGHWAY SUITE 104 A COCONUT GROVE FL 33133		
2000 SOUTH DIXIE HIGHWAY SUITE 104 A COCONIUT GROVE FL 33133			
2, Principal Place of Business	2a. Mailing Address		

## **FILED** Jan 20 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address				
2000 SOUTH	DIXIE HIGHWAY	2000 SOUTH DIXIE H	IGHWAY			
SUITE 104 A SUITE 104 A COCONUT GROVE FL 33133 COCONUT GROVE FL 33133			DO NOT WRITE IN THIS	SPACE		
COCONDIG	HOVE FL 33133	COCUNUI GHOVE FL	. 33133	3. Date Incorporated or Qualified	JI AOL	
				05/13/1997		
2. Principal P	Place of Business	2a. Mailing Address	·	4. FEI Number	Applied For	
21		26			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State	·	6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu		
24	25	29	30		Yes 🔀 No	
	g, Name and Address of Curren	it Registered Agent	04 No.	10. Name and Address of New Registered	Agent	
	LUNZA CORP		81 Name			
			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	HTE 104 A			· · · · · · · · · · · · · · · · · · ·		
CO	ICONUT GROVE FL 33133		63			
			84 City	FL	85 Zip Code	
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 the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  OLGS-98  (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	opening a printed natural registered apprinted of the OFFICERS AND		NOTE: Registered Agent signature requir	red when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	)	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	VELUNZA, BERT		1.2 NAME			
STREET ADDRESS	2000 SOUTH DIXIE HIGHWAY	'. SUITE 104A	1.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133	,	1.4 CITY - ST- ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	HEVIA, GILBERT		2.2 NAME			
STREET ADDRESS	2000 SOUTH DIXIE HIGHWAY	'. SUITE 104A	2.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133	, , , , , , , , , , , , , , , , , , , ,	2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELET <b>e</b>	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	_		6.4 CITY - ST - 7IP			

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 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 changed, or on an attachment with an address.