


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

**FILED**  
**Jun 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000061581 (9)**  
 1. Corporation Name  
**MOUNT ZION PROTECTION, INC.**



Principal Place of Business Mailing Address  
~~2124 N.E. 174TH STREET~~ ~~NORTH MIAMI BEACH FL 33162~~  
**1111 NE 133055**  
**NO. MIA Bch FL 33179** **S/A**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	07/15/1997	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28	24	30
Zip	Country	Zip	Country
25	29	25	30

6. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IRIZARRY, MIGUEL A 1300 W 53RD STREET APT. #5 HIALEAH FL 33012	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVT IRIZARRY, MIGUEL A	1.2 NAME	
STREET ADDRESS	1300 W. 53RD STREET, APT. #5	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DPS MARTINEZ, THOMAS JR	2.2 NAME	
STREET ADDRESS	2124 N.E. 174TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. \_\_\_\_\_

SIGNATURE: *Thomas Martinez* 5/1/98 305 907-4309

CR2E034 (10/97)