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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000067286

A FIRE PROTECTION PLUS, INC.

Principal Place of Business		Mailing Address							
3750 NW 28TH STREET BAY #106		11401 SW 42 TERRACE MIAMI FL 33165		DO NOT WRITE IN THIS SPACE					
MIAMI FL 33142						3. Date Incorporated or Qualifed			
						08/04/1997		İ	
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
						65-0708137	65-0798137 Not App		
25 26			-				 _	\$8.75 Additional	
22 27						5. Certifcate of Status Desired		Required	
City & State City & State						6. Election Campaign Financing	\$5.00 May Be		
23 28			_			Trust Fund Contribution	Added to Fees		
Zip	Country					8. This corporation owes the current year Ir	ntangible		
24	25	29 3	30			Personal Property Tax.			
	9. Name and Address of Currer	10. Name and Address of New Registered	l Agent						
					81 Name				
CASTRO, EMILIO JR			<u> </u>	82	Street A	eet Address (P.O. Box Number is Not Acceptable)			
11401 SW 42ND TERRACE			L						
MIAMI FL 33165			ŀ	83		•			
			-	84	City		85 Zi	p Code	
					٠,	* FL			
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the ab	ove-	-named c	orporation submits this statement for the purpose or ation's board of directors. I hereby accept the appor	if changing i pintment as	its registered registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statu	tes.	oo.po.			Ĭ	
SIGNATURE		_							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register				gent	signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12	
12.	01.102.107.10		13.		τ		Change		
TITLE	PD CACTOO FMILIO CD	LERUELLIL	1.2 NAME			Pres./D	X		
NAME	CASTRO, EMILIO SR				ADDOCEC	Emilios Castro Jr Terr.		}	
STREET ADDRESS		107 077 12 12111102		1.3 OFFICE PADDICES		Miami,Fl 33165		ł	
CITY-ST-ZIP	MIAMI FL 33165	DELETE	1.4 CITY-5 2.1 TITLE		-212	, , , , , , , , , , , , , , , , , , , ,	Change	e	
TITLE				22 NAME					
NAME				2.3 STREET ADDRESS					
STREET ADDRESS				2.4 CITY-ST-ZIP			~	-	
CITY-ST-ZIP		☐ DELETE	2.4 CITY-S 3.1 TITLE		-217		Change	e Addition	
TITLE NAME			3.2 NAME					_	
\ '			3.3 STREE		ADDDESS			Ì	
STREET ADDRESS									
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY -: 4.1 TITLE		-27		Chang	je 🗌 Addition	
NAME			4. 2 NA				-	,	
STREET ADDRESS					ADDRESS				
					1				
CITY-ST-ZIP	·		-	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Chang	je Addition	
NAME			5.2 NAI			•			
STREET ADDRESS			5.3 STF	EET,	ADDRESS			,	
I SHVEFIWDDUF99					1				

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 changed, or any patternment with an address, with all other like empowered. Emilio Castro Jr.Pres. 01/12/99 305-662-0004

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90017 033 ***150.00