

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

FILED 99 MAR -1 PM 2:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # PA7000079825  
1. Corporation Name: HERO PROTECT, CORPORATION

Principal Place of Business: 10880 SW 149 PI MIAMI, FL 33196

Mailing Address: 10880 SW 149 PI MIAMI, FL 33196

2. Principal Place of Business  
21 10880 SW 149 PLACE  
Suite, Apt #, etc.  
22 City & State  
23 MIAMI, FL  
Zip  
24 33196 25 DADE

2a. Mailing Address  
26 10880 SW 149 PLACE  
Suite, Apt #, etc.  
27 City & State  
28 MIAMI, FL  
Zip  
29 33196 30 DADE

9. Name and Address of Current Registered Agent  
JOHN A. MITCHELL  
10880 SW 149 PLACE  
MIAMI, FL 33196

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 the 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: [Signature] JOHN A. MITCHELL PRESIDENT 14 Feb 99 DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	John A. Mitchell	
STREET ADDRESS	10880 SW 149 Place	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	[ ] Change	[X] Addition
12 NAME	John A. Mitchell		
13 STREET ADDRESS	10880 SW 149 PI		
14 CITY-ST-ZIP	MIAMI, FL 33196		
21 TITLE		[ ] Change	[ ] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[ ] Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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\*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 on an attachment with an address, with all other like empowered

SIGNATURE: [Signature] JOHN A. MITCHELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 FEB 99 (905) 388-2763

CR2E034 (11/98)