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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000080119 (5)

STARTEC INVESTIGATIONS	S, INC.			
Principal Place of Business	Mailing Address			
28 WEST FLAGLER ST SUITE 408 MIAMI FL 33130	28 WEST FLAGLER ST SUITE 408 MIAMI FL 33130		DO NOT WRITE IN THe	HIS SPACE
			09/16/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0788460	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	
23	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	7ip	Country	8. This corporation owes or has paid the	
24 25	29 3	10	Personal Property Tax due June 30.	☐ Yes 💟 No
g, Name and Address of	Current Registered Agent		10. Name and Address of New Register	red Agent
GUARCH, J M JR		81 Name		
710 SOUTH DIXIE HIGHWA	Y	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33146				
		83		
		84 City		85 Zip Code
44 Pursuant to the province of Sections (	507 0502 and 607 1609 Elorida Statutos	the above pamed core		
office or registered agent, or both, in the	ie State of Florida, Such change was au	thorized by the corporati	oration submits this statement for the purpos on's board of directors. I hereby accept the	appointment as registered
	e obligations of, Section 607.0505, Flori	oa Statutes.		
SIGNATURE Signature, typed or printed manie of reg	Serest agent and tile dispolication (NOTE I	Registered Agent signature require	d when reinstating) OA	TE
12. OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
THE PRESIDEN	<b>→</b> DELETE	1.1 TITLE		Change Addition
NAME JAMES HA		1.2 NAME		
STREET ADDRESS 29 117 FIAG	IER ST SUITE 408	1.3 STREET ADDRESS		
		1 4 C(TY - ST - 7)P		
TITLE VICE PRESID		2111111		Change Addition
NAME RADAMES D	DMENECH	2 ? NAME		
STREET ADDRESS 28 W. FIA9	ER ST. SUITE 408	2.3 STREET ADDRESS	i	
CITY-ST-ZIP Mitmi, F	1. 33130 DILLTE	2. 4 CITY- \$1~7IP : 3.1 TITLE		Change Addition
NAME		3.2 NAME		L. Change L. Accident
STREET ADDRESS		3.3 STREET ADDRESS		
City-St-ZiP		3.4. CITY - ST- ZIP		
TITLE	DELETE	4.1 TILLE		Change Addition
NAME		4. 2 NAME		-
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	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		G.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY OT 200		CACITY OF TID		

14. Thereby 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 emplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the acceiver or true compowered 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 one an appear of the corporation of the corporatio

SIGNATURE:

**FILED** 

Apr 14 1998 8:00am

Secretary of State