


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90139 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000003502

1. Corporation Name

OWL PATROL CRIME PREVENTION, INC.

Principal Place of Business

8401 NW 53RD TERRACE, STE 211
MIAMI FL 33166

Mailing Address

8401 NW 53RD TERRACE, STE 211
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

65-0803163

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ESPINA, JOSE A
8401 NW 53RD TERRACE, STE 211
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name ESPINA, JOSE A

82 Street Address (P.O. Box Number is Not Acceptable)

83 11890 SW 8 ST Suite #403

84 City Miami

FL

85 Zip Code 33184

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME ESPINA, JOSE A
STREET ADDRESS 11890 SW 8 ST Suite #403
CITY-ST-ZIP Miami, FL 33184

TITLE S
NAME VIDAL, ANGEL
STREET ADDRESS 11890 SW 8 ST Suite #403
CITY-ST-ZIP MIAMI, FL 33184

TITLE TREASURY
NAME Sante, Angel
STREET ADDRESS 11890 SW 8 ST Suite #403
CITY-ST-ZIP Miami, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 (305) 207-7717

CR2E034 (11/98)

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 on an attachment with an address, with all other like empowered.