

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90260 049 ***150.00

DOCUMENT # P98000045076 ✓
1. Corporation Name
C.C.R. Hightec Personal Security
Corporation

Principal Place of Business Mailing Address
C/O Mario R. Delgado, P.A. C/O Mario R. Delgado, P.A.

2. Principal Place of Business 2a. Mailing Address
21 2151 W. Thine Road 26 2151 W. Thine Road
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 202 27 Suite 202
City & State City & State
23 Coral Gables, FL 28 Coral Gables, FL
Zip Country Zip Country
24 33134 25 USA 29 33134 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5-19-98
4. FEI Number
65-0841625
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
10. Name and Address of New Registered Agent
81 Name
Mario R. Delgado, P.A.
82 Street Address (P.O. Box Number is Not Applicable)
2151 W. Thine Road
83 Suite 202
84 City
Coral Gables FL 85 Zip Code
33134

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 date of signature. (NOTE: Registered Agent signature required when reappointing)

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 checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Guillermo Catalan
STREET ADDRESS		1.3 STREET ADDRESS	C/O Mario R. Delgado, P.A.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	2151 W. Thine Road, Suite 202
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Mario R. Delgado, Esq.
STREET ADDRESS		2.3 STREET ADDRESS	2151 W. Thine Road, Suite 202
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DP
STREET ADDRESS		3.3 STREET ADDRESS	Jose Luis Castro
CITY-ST-ZIP		3.4 CITY-ST-ZIP	C/O Mario R. Delgado, P.A.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Coral Gables, FL 33134
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	

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.

SIGNATURE: 4-27-99
Signature and typed or printed name of signing officer or director Date Daytime Phone #