

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90250 005 \*\*\*150.00

DOCUMENT # P98000063960

1. Corporation Name

FIREARMS PROFESSIONAL SERVICES, INC.

Principal Place of Business

13105 LE JEUNE ROAD  
OPA LOCKA FL 33054

Mailing Address

13105 LE JEUNE ROAD  
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1998

4. FEI Number

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DAVILA, PETER  
13105 LE JEUNE ROAD  
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 *Peter A. Davila*  
Signature, typed or printed name of registered agent and title if applicable

PETER A. DAVILA

4/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DAVILA, PETER  
STREET ADDRESS 15311 NW 4TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE V  
NAME SANTANA-DAVILA, MARLENE  
STREET ADDRESS 15311 NW 4TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE V  
NAME PEREZ, GUILLERMO  
STREET ADDRESS 15311 NW 4TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ST  
NAME PEREZ, MARLEN  
STREET ADDRESS 15311 NW 4TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V  
1.2 NAME LAZARO C. ALVAREZ  
1.3 STREET ADDRESS 15371 NW 4 ST  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

2.1 TITLE V  
2.2 NAME HUMBERTO IRIZARRY  
2.3 STREET ADDRESS 3641 W 2ND CT  
2.4 CITY-ST-ZIP HIALEAH FL 33012

3.1 TITLE V  
3.2 NAME RICHARD PEREZ  
3.3 STREET ADDRESS 10375 NW 129 ST  
3.4 CITY-ST-ZIP HIALEAH GARDENS FL 33018

4.1 TITLE V  
4.2 NAME PATRICIA A. PEREZ  
4.3 STREET ADDRESS 10375 NW 129 ST  
4.4 CITY-ST-ZIP HIALEAH GARDENS FL 33018

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA PEREZ

4/30/99

(305) 685-0102

Date

Daytime Phone #

CR2E034 (11/98)