FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -6 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S49267 (5)

1. Corporation Name
LAND, SEA, AIR SPECIAL PATROL OFFICER DIVISION D EPT., PUBLIC PROTECT AGENCY (L.S.A.S.P.O.) INC.

Principal Place of Business	Mailing Address
215 SW 17TH AVE 314 MIAMI FL 33135 US	215 SW 17TH AVE 314 MIAMI FL 33135 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1991
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business 21: 15476 NW 77CT	2a. Mailing Address 26: 15476 NW 77CT
22 Suite, Apt. #, etc.: SUITE - 604	27 Suite, Apt. #, etc.: SUITE - 604
23 City & State: MIAMI LAKES	28 City & State: MIAMI LAKES
24 Zip: 33016 — 25 Country: DADE	29 Zip: 33016 — 30 Country: DADE

4. FEI Number: 65-0403774 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANCHEZ, MANUEL
215 SW 17TH AVE,
STE 314
MIAMI FL 33135

10. Name and Address of New Registered Agent

B1 Name: MANUEL SANCHEZ
B2 Street Address (P.O. Box Number is Not Acceptable): 15476 NW 77CT SUITE #-604
B3: SUITE #-604
B4 City: MIAMI LAKE FL B5 Zip Code: 33016

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 ____ Registered Agent signature (required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SANCHEZ, MANUEL
STREET ADDRESS	1803 S.W. 107TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing voluntarily furnished and 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.

SIGNATURE: DIRECTOR 3-1-95 (305) 659-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0142640 CP