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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # \$49267**

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 15476 NW 77TH COURT 15476 NW 77TH COURT SUITE 604 SUITE 604 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016-5823 3a. Date of Last Report 3. Date Incorporated or Qualified 04/29/1991 05/01/1996 2a, Mailing Address NEW 2. Principal Place of Business NEW 4. FEI Number Applied For S.W. 4057 6800 6800 5. W- 4057 65-0403774 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE- 223 SULTE- 223 Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing MIAMI NIANI Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, DADE 33/55 DADE 33/55 Yes No 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANCHEZ, MANUEL 15476 NW 77TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 604** 83 MIAMI LAKES FL 33016 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607 office or registered agent, or both, in the Section Floridge The above named corporation submits this statement for the purpose of changing its registered authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the SIGNATURE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 1.1 TITLE SANCHEZ, MANUEL 1.2 NAME 1803 S.W. 107TH AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE ☐ Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-SY-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TILLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4 4 C(TY - ST - ZIP DELETE Addition 51 TITLE TITLE NAME 5.2 NAME STREET APORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST ZIF DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not quality 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 approach 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 of trustee empowered to execute this oport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an academent with an address.

**SIGNATURE:** 

CITY - ST - ZIP

SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6800746-8209

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**FILED** 

Jan 23 1997 8:00am

Secretary of State