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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V10522 (3)

1. Corporation Name
ACTIVE PROTECTIVE SERVICES, INC.



Principal Place of Business

5771 SW 11 ST.
MIAMI FL 33144
US

Mailing Address

PO BOX 330821
MIAMI FL 33233-0821
US

2. Principal Place of Business

21 8252 NW 70 ST

22 Suite, Apt. #, etc.

23 City & State

MIAMI FL

24 Zip

33166

Country

DADE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/30/1992

3a. Date of Last Report

01/23/1996

4. FEI Number

65-0318998

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

DEL PINO, DIEGO R
5771 SW 11 ST.
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

DEL PINO DIEGO SR

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

5771 SW 11 ST

83

84 City

MIAMI

FL

85 Zip Code

33144

11. Pursuant to the provisions of Sections 607.0602 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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DEL PINO, DIEGO R
STREET ADDRESS 1757 WAKEENA DR
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME DV
STREET ADDRESS DEL PINO, DIEGO SR.
CITY-ST-ZIP 5771 SW 11 ST.
MIAMI FL 33144

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P-D
DIEGO R. del PINO
1.3 STREET ADDRESS 90 EDGEWATER DR APT 1211
1.4 CITY-ST-ZIP CORAL GABLES FL 33133

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 D-S
ERIC DEL PINO
3.3 STREET ADDRESS 1757 WAKEENA DR.
3.4 CITY-ST-ZIP MIAMI FL 33133

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diego R. del Pino

1-14-96 305-591-8282

Date

Daytime Phone #

CR2E034 (9/96)