

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

8252 NW 70 ST.
MIAMI FL 33166
US

PO BOX 330821
MIAMI FL 33233
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 01/30/1992	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEL PINO DIGGO SR. 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)			
83			
84 City		85	Zip Code

11. Pursuant to the provisions of Sections 607.0508 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 Diego Del Pino Sr. DATE 3-26-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DEL PINO, DIEGO R	1.2 NAME	
STREET ADDRESS	90 EDGEWATER DR., APT 1211	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	DEL PINO, DIEGO SR.	2.2 NAME	
STREET ADDRESS	5771 SW 11 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	ERIC DEL PINO	3.2 NAME	
STREET ADDRESS	1757 WAKEENA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: Diego Del Pino Sr. DATE: 3-26-98 325 891-8282

CR2E034 (10/97)