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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000064869 (5)
 1. Corporation Name
K-9 ENFORCEMENT, INC.



Principal Place of Business 11380 SW 128 ST. MIAMI FL 33176	Mailing Address 11380 SW 128 ST. MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/28/1997		4. FEI Number 65-0777692		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 26215 S. Dixie Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 26215 S. Dixie Hwy Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
22 City & State 23 Homestead, FL Zip 24 33032	27 City & State 28 Homestead, FL Zip 29 33032	Country 25 U.S.A.		30 U.S.A.

9. Name and Address of Current Registered Agent
LHERISSON, RICHARD
11380 SW 128 ST.
MIAMI FL 33176

10. Name and Address of New Registered Agent
 81 Name
LHERISSON, RICHARD
 82 Street Address (P.O. Box Number is Not Acceptable)
26215 S. DIXIE HWY
 83
 84 City
Miami **FL** 85 Zip Code
33032

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 **Richard Lherisson (President)** *[Signature]* DATE **3-15-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	vice president <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALID M. ALRASHID
1.3 STREET ADDRESS	14829 S.W. 196th
1.4 CITY-ST-ZIP	Miami, FL 33187
2.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard Lherisson
2.3 STREET ADDRESS	26215 S. Dixie Hwy
2.4 CITY-ST-ZIP	Homestead 33032
3.1 TITLE	S = T = <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDDA I. [REDACTED] PADILLA
3.3 STREET ADDRESS	12841 S.W. 250 TR
3.4 CITY-ST-ZIP	PRINSTON, FL 33032
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE *[Signature]* **3-15-98**

CR2E034 (10/97)