

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 494227 (2)
1. Corporation Name
SECURITY PLUS INDUSTRIES, INC.

Principal Place of Business: **9800 N.W. 25TH STREET SUITE 6-A MIAMI FL 33172**
Mailing Address: **9800 N.W. 25TH STREET SUITE 6-A MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1976	3a. Date of Last Report 04/29/1994
4. FEI Number 59-1683097	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Appreciated
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has applied for extension of the calendar year 1995-1997 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. # etc. 22. City & State 23. Co. County 24. Zip	2a. Mailing Address 25. Suite, Apt. # etc. 26. City & State 27. Co. County 28. Zip
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9. Name and Address of Current Registered Agent
**COMBALUZIER, GEORGE L.
2560 FIRST FEDERAL BLDG.
MIAMI FL**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

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 607.0606, Florida Statutes.

SIGNATURE: _____ (Agent) _____ (Registered Agent) _____ (Secretary)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME	PD VILLACIS, ROMULO 6213 S.W. 25TH ST. MIAMI FL	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SD VILLACIS, CARMEN 6213 S.W. 25TH ST. MIAMI FL	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: *[Signature]* 8-6-26/95 305-471-2939
SIGNATURE AND TITLE OF PRINCIPAL OFFICER OR BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)