FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

~~PROFIT~~
CORPORATION
ANNUAL REPORT
1996

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

Amended Annual Report $61.25 filing fee

APPROVED
FILED
96 DEC 18 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H83584

1. Corporation Name: Bryant Security Corporation

Principal Place of Business: 108 S. Miami Ave. #300, Miami, FL 33130

Mailing Address: Same

3. Date Incorporated or Qualified: 11/1/85

3a. Date of Last Report:

2. Principal Place of Business (21): 108 S. Miami Avenue

2a. Mailing Address (26):

Suite, Apt. #, etc. (22): Suite 300

Suite, Apt. #, etc. (27):

City & State (23): Miami FL

City & State (28):

Zip (24): 33130 Country (25): Dade

Zip (29): Country (30):

4. FEI Number: 59-2596021 — 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

Ben-David Gal
290-174 st. #A-14
Miami, FL 33160

10. Name and Address of New Registered Agent

81 Name: Gomez Nanette

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

83: 5185 Alton Rd

84 City: Miami Beach FL 85 Zip Code: 33140

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: President — Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 12/16/96

12. OFFICERS AND DIRECTORS

TITLE	President	☒ DELETE
NAME	David Ben-David	
STREET ADDRESS	2715 tigertail Ave. #304,	
CITY-ST-ZIP	Coconut grove FL	
TITLE	GM	☒ DELETE
NAME	Gal Ben-David	
STREET ADDRESS	290, 174 st. #A-14	
CITY-ST-ZIP	Miami FL 33160	
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	President	☒ Change ☐ Addition
1.2 NAME	Nanette Gomez	
1.3 STREET ADDRESS	5185 Alton Rd	
1.4 CITY-ST-ZIP	Miami Beach FL 33140	
2.1 TITLE	Sec.	☒ Change ☐ Addition
2.2 NAME	Gloria Sacasas	
2.3 STREET ADDRESS	2251 NW 48 Terr. #105	
2.4 CITY-ST-ZIP	Lauderhill FL 33313	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gloria Sacasas — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 12/16/96 — Daytime Phone #: 305-374-5533

CR2E034 (12/95)