

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P93000070822 (0)**

1. Corporation Name

ARMOR SECURITY, INC.

95 MAY -1 PH 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9572 N.W. 41ST STREET
MIAMI FL 33178

9572 N.W. 41ST STREET
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1993	3a. Date of Last Report 08/10/1994
4. FEI Number 65-0507798	Applied For <input type="checkbox"/> Not Applicable
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
6. This corporation has authority for intrastate tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 9580 N.W. 41st STREET	2a. Mailing Address 26. 9580 N.W. 41st STREET
22. Subst. Apt. #, etc.	27. Subst. Apt. #, etc.
23. City & State MIAMI, FLORIDA	28. City & State MIAMI, FLORIDA
24. Zip 33178	30. Zip 33178

9. Name and Address of Current Registered Agent GASTEAZORO, ALFREDO J 9572 N.W. 41ST STREET MIAMI FL 33178	10. Name and Address of New Registered Agent 81. Name ALFREDO J. GASTEAZORO 82. Street Address (P.O. Box Number is Not Acceptable) 9580 N.W. 41st STREET 83. City MIAMI 84. State FL 85. Zip Code 33178
--	--

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOPAY, DAVID H	1. NAME	ALFREDO J. GASTEAZORO
STREET ADDRESS	9572 NW 41ST STREET	1. STREET ADDRESS	9580 N.W. 41st STREET
CITY, ST, ZIP	MIAMI FL 33178	1. CITY, ST, ZIP	MIAMI, FLORIDA 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	2. TITLE	VICE-PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASTEAZORO, ALFREDO J	2. NAME	GARY FEICK
STREET ADDRESS	9572 NW 41ST STREET	2. STREET ADDRESS	9580 N.W. 41st STREET
CITY, ST, ZIP	MIAMI FL 33178	2. CITY, ST, ZIP	MIAMI, FLORIDA 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3. TITLE	SECRETARY OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	DAVID H. SHOPAY
STREET ADDRESS		3. STREET ADDRESS	9580 N.W. 41st STREET
CITY, ST, ZIP		3. CITY, ST, ZIP	MIAMI, FLORIDA 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4. TITLE	
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my appointment 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or in an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF WINNING OFFICER OR DIRECTOR

[Handwritten Signature]

ALFREDO GASTEAZORO

Date

Signature

4/20/95

(303)

592-9747