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

DOCUMENT # P95000092574 (9)

1. Corporation Name
SECURE SYSTEMS INTERNATIONAL, INC.

Principal Place of Business
8911 GARLAND AVENUE
SURFSIDE FL 33154

Mailing Address
8911 GARLAND AVENUE
SURFSIDE FL 33154

3. Date Incorporated or Qualified: 12/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21
22 Suite, Apt #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 97-1285944 ☐ 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

KORAKAKOS, CHANDRA
8911 GARLAND AVENUE
SURFSIDE FL 33154

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 607.0502 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 ______ DATE ______

Signature, typed or printed name of New Registered Agent if applicable

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AMRES, MAURICE	
STREET ADDRESS	14 GOURIDA PARK EAST COAST DEMERARA	
CITY-ST-ZIP	GUYANA, SOUTH AMERICA	
TITLE	VD	☐ DELETE
NAME	AMRES, ANTHONY	
STREET ADDRESS	239 ANAIDA AVE. ECCLES EAST BANK DEMERARA	
CITY-ST-ZIP	GUYANA, SOUTH AMERICA	
TITLE	TD	☐ DELETE
NAME	AMRES, MARIO	
STREET ADDRESS	LOT 8, PROVIDENCE EAST BANK DEMERARA	
CITY-ST-ZIP	GUYANA, SOUTH AMERICA	
TITLE	SD	☐ DELETE
NAME	KORAKAKOS, CHANDRA	
STREET ADDRESS	8911 GARLAND AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	AMRES, RICARDO	
2.3 STREET ADDRESS	20 SULLIVAN DR. AJAX ONT. L1T 3L2	
2.4 CITY-ST-ZIP	CANADA	
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		

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: X ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)