

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

**FILED**  
**May 01, 1996 08:00 AM**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 599545 (1)**

1. Corporation Name  
**DADE FEDERAL SECURITY INC.**



Principal Place of Business 9380 SW 72 ST B-235 MIAMI FL 33173	Mailing Address 9380 SW 72 ST B-235 MIAMI FL 33173
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3. Date incorporated or Qualified <b>01/29/1979</b>	3a. Date of Last Report <b>03/21/1995</b>
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21. Principal Place of Business <b>9370 SW 72 ST.</b>	2a. Mailing Address <b>9370 SW 72 ST.</b>
22. Suite, Apt. #, etc. <b>A-200</b>	27. Suite, Apt. #, etc. <b>A-200</b>
23. City & State <b>Miami, FL.</b>	28. City & State <b>Miami, FL.</b>
24. Zip <b>33173</b>	25. Country <b>USA</b>
29. Zip <b>33173</b>	30. Country <b>USA.</b>

4. FEI Number <b>59-1880429</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PUIG, ALELI, L**  
**10321 SW 102 AVE.**  
**MIAMI FL FL 33176**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	<b>9370 SW 72 Street</b>
83.	<b>A-200</b>
84. City	<b>Miami</b>
85. Zip Code	<b>FL 33173</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	<b>PUIG, ALELI L.</b>	
STREET ADDRESS	<b>9380 SW 72 STR B235</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>PARDO, ALELI P</b>	
STREET ADDRESS	<b>9380 SW 72 STR B235</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>PUIG, JOSE R.</b>	
STREET ADDRESS	<b>9380 SW 72 STR B235</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>9370 SW 72 ST, A-200</b>
1.4 CITY - ST - ZIP	<b>MIAMI FL. 33173</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>9370 SW 72 ST, A-200</b>
2.4 CITY - ST - ZIP	<b>Miami, FL 33173</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>9370 SW 72 ST.</b>
3.4 CITY - ST - ZIP	<b>Miami, FL. 33173</b>
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 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: Aleli L Puig 4/25/96 (305) 279-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date & Phone #

CR2E034 (12/95)