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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F60567 (7) 1. Corporation Name PRIVATE TRUST SECURITY SERVICE, INC.			
Principal Place of Business 2741 SW 82ND COURT MIAMI FL 33155		Mailing Address 2741 SW 82ND COURT MIAMI FL 33155-2418	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	
9. Name and Address of Current Registered Agent NUNEZ, WALTER 9321 SW 4 ST. #118 MIAMI FL 33174		10. Name and Address of New Registered Agent 81 Name Josefa Nunez 82 Street Address (P.O. Box Number is Not Acceptable) 2741 SW 82ND 83 84 City Miami, FL 85 Zip Code 33155	
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 Josefa Nunez Josefa Nunez DATE 3-4-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PD NAME NUNEZ, WALTER STREET ADDRESS 9321 SW 4 ST. #118 CITY-ST-ZIP MIAMI, FL 00000 [X] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President 1.2 NAME Josefa Nunez 1.3 STREET ADDRESS 2741 SW 82ND 1.4 CITY-ST-ZIP Miami, FL 33155 [X] Change [] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [] Change [] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [] Change [] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [] Change [] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [] Change [] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [] Change [] Addition	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Josefa Nunez Josefa Nunez DATE 3-4-97 (305) 553-9856 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0211726			



CR2E034 (9/96)