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 # **F94000006097 (9)**

1. Corporation Name

ALL SECURITY SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 13472 SANTURCES STATION. PUERTO RICO 00908	P.O. BOX 13472 SANTURCES STATION. PUERTO RICO 00908

3. Date Incorporated or Qualified: **11/30/1994**

3a. Date of Last Report: **07/19/1995**

4. FEI Number: **NOT APPLICABLE** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PERALTA, EDUARDO
52 E. 16TH ST.
HIALEAH FL 33012

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature is required when not changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PERALTA, GUIDO		1.2 NAME	
STREET ADDRESS	P.O. BOX 13472 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTURCES STATION, P.R. 00908		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ARMENTERO, ILEANA		2.2 NAME	
STREET ADDRESS	P.O. BOX 13472 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTURCES STATION, P.R. 00908		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RIVAS, ALFREDO JR		3.2 NAME	
STREET ADDRESS	P.O. BOX 13472 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTURCES STATION, P.R. 00908		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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: _____ 03-28-96

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

CR2E034 (12/95)