**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 # **J31672** **(5)**

1. Corporation Name

**MIAMI BEACH SECURITY, INC.**

Principal Place of Business

**8934 HARDING AVENUE**
**MIAMI BEACH FL 33154**

Mailing Address

**8934 HARDING AVENUE**
**MIAMI BEACH FL 33154**

3. Date Incorporated or Qualified: **09/04/1986**

3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21: 3600 S. STATE RD 7
22 Suite, Apt. #, etc.: SUITE #8
23 City & State: MIRAMAR, FL
24 Zip: 33023 25 Country: BROWARD

2a. Mailing Address
26: 3600 S. STATE RD 7
27 Suite, Apt. #, etc.: SUITE #8
28 City & State: MIRAMAR, FL
29 Zip: 33023 30 Country: BROWARD

4. FEI Number: **65-0242083** ☐ 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

**SOLLOGUB, NICHOLAS**
**8934 HARDING AVENUE**
**MIAMI BEACH FL 33154**

10. Name and Address of New Registered Agent

81 Name: NICHOLAS SOLLOGUB
82 Street Address (P.O. Box Number is Not Acceptable)
83: 9311 SW 54TH ST
84 City: MIAMI **FL** 85 Zip Code: 33165

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: _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PT | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SOLLOGUB, NICHOLAS | | 1.2 NAME | | |
| STREET ADDRESS | 9311 SW 54TH STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VS | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SOLLOGUB, ROBERT | | 2.2 NAME | | |
| STREET ADDRESS | 9311 SW 54TH STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:** Nicholas Sollogub Nicholas Sollogub 4/19/96 954-966-0386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)