FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED AND FILED

95 MAY 10 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K21927 (4)

1. Corporate Name
GABRIEL SECURITY CORPORATION INC.

Principal Place of Business
% ADEBOLA ADEIFE
6600 N.W. 27TH AVE.
MIAMI FL 33147

Mailing Address
% ADEBOLA ADEIFE
6600 N.W. 27TH AVE.
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1988
3a. Date of Last Report: 05/31/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 65-0049943 — Applied For / Not Applicable

22 State Applicable
27 State Applicable
23 City & State
28 City & State

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 Zip
25 Country
29 Zip
30 Country

8. The corporation has total, for purposes of Section 607.1602 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ADEIFE, ADEBOLA
6600 N.W. 27TH AVE.
MIAMI FL 33147

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 Section 607.0505 Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The character of business of the corporation is hereby amended to conform with the applicable provisions of Section 607.0501 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

DST
ADEIFE, ADEBOLA
~~0600 W. DAFFODIL LANE~~ 6600 N.W. 27th AVE
~~MIRAMAR FL~~ Miami, Fla 33147

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurately furnished and does not qualify for the exemption filing of Section 119.07 Florida Statutes. Further certify that the information stated on the annual report or supplemental annual report is true and correct 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 person or trustee empowered to execute the report as required by Chapter 607 Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: [signature] 5/2/95 305-693-7941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0101221 CP