FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03341** **(9)**

1. Corporate Name

ALL PROTECTIVE SERVICE, INC.

Principal Place of Business	Mailing Address
1957 SOUTHWEST 136 PLACE MIAMI FL 33175	1957 SOUTHWEST 136 PLACE MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/19/1989**	3a. Date of Last Report: **06/13/1994**
21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. # or	27 Suite, Apt. # or
23 City & State	28 City & State
24 Zip	25 County
29 Zip	30 County
4. FEI Number: **65-0135404**	☐ 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. Has corporation had liability for corporate tax under s. 220.02 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERNANDEZ, JORGE H. **1957 SW 136 PLACE** **MIAMI FL 33175**	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

(Typed or printed name of registered agent) (Registered agent's signature required unless attached) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
31 TITLE	PD	41 TITLE	☐ Change ☐ Addition
32 NAME	HERNANDEZ, LILIANA	42 NAME	
33 STREET ADDRESS	5033 NW 7 ST. APT. 406	43 STREET ADDRESS	
34 CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
35 TITLE	VD	45 TITLE	☐ Change ☐ Addition
36 NAME	HERNANDEZ, JORGE	46 NAME	
37 STREET ADDRESS	1957 SOUTHWEST 136 PLACE	47 STREET ADDRESS	
38 CITY ST ZIP	MIAMI FL	48 CITY ST ZIP	
39 TITLE	TD	49 TITLE	☐ Change ☐ Addition
40 NAME	AGUIRRE, MARTHA	50 NAME	
41 STREET ADDRESS	1957 SW 136 PLACE	51 STREET ADDRESS	
42 CITY ST ZIP	MIAMI FL	52 CITY ST ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY ST ZIP		56 CITY ST ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY ST ZIP		64 CITY ST ZIP	

14. I (We) hereby certify that the information supplied with this filing is knowingly 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: Martha J. Aguirre T.D. 04-27-95 (305)559-8595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number

0190897 CP