FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am DOCUMENT # _24538 **Secretary of State** 1. Entity Name INTERAMERICAN INTERNAL SECURITY GROUP, INC. 03-07-2002 90010 008 ***150.00 Principal Place of Business Mailing Address 11130 N. KENDALL DRIVE 11130 N. KENDALL DRIVE SUITE 104 SUITE 104 MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0150866 Not Applicable Country Zip Country Zip \$8.75 Additional \Box 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent URRUELA, MARIO L Street Address (P.O. Box Number is Not Acceptable) 11130 N KENDALL DR STE 104 **MIAMI FL 33176** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critgria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE Delete TITI E NAME URRUELA, MARIO L. NAME STREET ADDRESS 8355 SW 78 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE HERREROS, ALBERTO P NAME STREET ADDRESS 8320 SW 83RD ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change HERREROS, MAGALI U NAME STREET ADDRESS 8320 SW 83RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Muario Chruelus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Feb 2002 305-2945066