2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 30, 2004 8:00 am Secretary of State DOCUMENT # L24538 1.. Entity Name 01-30-2004 90080 002 ***158.75 INTERAMERICAN INTERNAL SECURITY GROUP, INC. Principal Place of Business Mailing Address, 14130 N. KENDALL DRIVE 11130 N. KENDALL DRIVE PUBLICAEN MIAMLEL 33178 2. Principal Place of Business, V 3. Mailing Address Suite, Api. #, etc. Suite, Api. #, etc. CR2E034 (11/03) 14242 Country Estates Drive Winter Garden, FL 34787-5409 4. FEI Number City & State Applied For 65-0150866 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name URRUELA. MARIO L Street Address (P.O. Box Number is Not Acceptable) LTC Mario L. Urruela, AUS (R) 14242 Country Estates Drive 11130 N KENDALL DR STE-104 Winter Garden, FL 34787-5409 **MIAMI FL 33176** City 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. I am familiar with, and accept the obligations of registered agent. Justice Obreuela PRESIDENT mature. typed or printed name of registered agont and title if applicable. (NOTE: Registered 27 JAN 2004 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 LTC Mario L. Umuela, AUS (R) TITLE ☐ Change Addition 14242 Country Estates Drive Winter Garden, FL 34787-5409 NAME URRUELA, MARIO L. NAME 8355 SW 78 ST STREET ADDRESS STREET ADDRESS MIAMI-FL CITY-ST-ZIP -CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME ----STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. ferais C Phruela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED