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 # L30978 (5)

1. Corporation Name

FAMILY SECURITY PROVIDERS, INC.

Principal Place of Business

~~1925 BRICKELL AVE D801~~
~~MIAMI FL 33129~~
OUR NEW ADDRESS
5757 Blue Lagoon Drive
Suite 235
MIAMI, FL 33126
Ph. (305) 267-8007
Fax (305) 267-5070

Mailing Address

~~1925 BRICKELL AVE D801~~
~~MIAMI FL 33129~~
OUR NEW ADDRESS
5757 Blue Lagoon Drive
Suite 235
MIAMI, FL 33126
Ph. (305) 267-8007
Fax (305) 267-5070

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc (22)	Suite, Apt #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 11/16/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0156949 ☐ 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

CAMPOS, OFELIA
~~1925 BRICKELL AVE. #D-801~~
~~MIAMI FL 33129~~

10. Name and Address of New Registered Agent

81 Name: OFELIA CAMPOS.
82 Street Address (P.O. Box Number is Not Acceptable)
83 OUR NEW ADDRESS
5757 Blue Lagoon Drive
Suite 235
84 City: MIAMI, FL 33126 FL
85 Zip Code
Ph. (305) 267-8007
Fax (305) 267-5070

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

TITLE	P	☐ DELETE
NAME	CAMPOS, OFELIA	
STREET ADDRESS	~~1925 BRICKELL AVE. #D-801~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	VS	☐ DELETE
NAME	CAMPOS, OSCAR	
STREET ADDRESS	~~1925 BRICKELL AVE D-801~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OUR NEW ADDRESS	☑ Change ☐ Addition
1.2 NAME	5757 Blue Lagoon Drive	
1.3 STREET ADDRESS	Suite 235 / MIAMI, FL 33126	
1.4 CITY-ST-ZIP	Ph. (305) 267-8007 / Fax (305) 267-5070	
2.1 TITLE	OUR NEW ADDRESS	☑ Change ☐ Addition
2.2 NAME	5757 Blue Lagoon Drive	
2.3 STREET ADDRESS	Suite 235	
2.4 CITY-ST-ZIP	MIAMI, FL 33126	
3.1 TITLE	Ph. (305) 267-8007	☐ Change ☐ Addition
3.2 NAME	Fax (305) 267-5070	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: O. OFELIA CAMPOS 4/19/96 (305) 267-8007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)