FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

L58348

(8)

INTER-AMERICAN SECURITY PRODUCTS, INC.

Principal Plac	ce of Business	Mailing Address				
14091 SW 82 MIAMI FL 331 US		14091 SW 82 PL Miami FL 33158 US			DO NOT WRITE IN THIS SPACE 3- Date incorporated or Qualified 03/12/1990	
2. Principal F	Place of Business	2e. Mailing Address			4. FEI Number Applied For 65-0329913 Not Applicable	
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required	
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25		Count	try	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
Name and Address of Current Registered Agent LANGACTED MENUTAL C. 81 N				1 Name	10. Name and Address of New Registered Agent	
LANCASTER, KENNETH G. 5975 SUNSET DR SUITE 301 SOUTH MIAMI FL 33143			8	82 Street Address (P.O. Box Number is Not Acceptable) 83		
				4 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	Signature, typed or printed name of registered a	ANOTE:	Projetorad A	cool cocolu	re required when reinstating) DATE	
12.		ND DIRECTORS	13.	Gen e Grain	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	KATON, JONATHAN J		1.2 NAM	E		
STREET ADDRESS			1.3 STRE	ET ADDRESS	;	
CITY-ST-ZIP	MIAMI FL 33158		1.4 CITY	- ST- ZIP	i	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition C	
NAME			2.2 NAM	E		

 CITY-ST-ZIP
 5.4 CITY-ST-ZIP

 TITLE
 DELETE
 6.1 ITLE
 Change
 Addition

 NAME
 62 NAME
 STREET ADDRESS
 6.3 STREET ADDRESS
 CITY-ST-ZIP
 6.4 CITY-ST-ZIP
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5.3 STREET ADDRESS

2.3 STREET ADDRESS

33 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST- ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE 4.2 NAME

5.1 THTLE

5.2 NAME

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 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 trusted 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, and an attachment with a pladdress.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

nut li Katon

DELETE

DELETE

☐ DELETE

4/20/90 (805) 235-8777

FILED

May 11 1998 8:00am

Secretary of State

CRZECK

Addition

Addition

■ Addition

Change

Change

Change