

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N93000002590 (8)**

1. Corporation Name

**ASSOCIATION FOR SECURITY ADMINISTRATION PROFESSI  
ONALS, INC.**

**FILED**

1995 JUL 27 AM 10:13

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE

Principal Place of Business: 12015 GRIFFING BLVD. SUITE 2950 BISCAYNE PARK FL 33161 US  
Mailing Address: 12015 GRIFFING BLD. SUITE 2950 BISCAYNE PARK FL 33161 US

3. Date Incorporated or Qualified: 06/09/1993  
3a. Date of Last Report: 07/14/1994

4. FEI Number: 65-0417695  
Applied For: Not Applicable

2. Principal Place of Business: 21  
2a. Mailing Address: 26

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

Suite, Apt. # etc.: 22 Suite 8

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

City & State: 23 Miami, FL

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

Zip: 24 33161 Country: 25 U.S.

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: SMITH, CHARLES I 12015 GRIFFING BLVD. BISCAYNE PARK FL 33161

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	NODA, ROBERTO T
STREET ADDRESS	7024 S.W. 114TH PLACE, UNIT F
CITY, ST, ZIP	MIAMI FL 33173
TITLE	D
NAME	SMITH, CHARLES I
STREET ADDRESS	12015 GRIFFING BLVD
CITY, ST, ZIP	BISCAYNE PARK FL
TITLE	D
NAME	MORAN, FRANK J
STREET ADDRESS	300 BISCAYNE BLVD. WAY
CITY, ST, ZIP	MIAMI FL 33131
TITLE	D
NAME	PINO, RAUL A
STREET ADDRESS	3740 S.W. 89TH COURT
CITY, ST, ZIP	MIAMI FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Moran, Frank
13 STREET ADDRESS	300 Biscayne Blvd. way
14 CITY, ST, ZIP	Miami, FL. 33131
21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Pino, Raul A.
23 STREET ADDRESS	16331 N. Bayshore Dr.
24 CITY, ST, ZIP	Miami, FL. 33132
31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Smith, Charles J.
33 STREET ADDRESS	12015 Griffing Blvd.
34 CITY, ST, ZIP	Biscayne Park FL. 33161
41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Cate, Laura
43 STREET ADDRESS	100 Chopin Plaza
44 CITY, ST, ZIP	Miami, FL. 33131
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Ohanesian, Paul
53 STREET ADDRESS	4525 Collins Ave.
54 CITY, ST, ZIP	Miami Beach, FL. 33140
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 140.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR