FILE NOW: FILING FEE IS \$61.25

Mailing Address

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # N950000011116 (1)

INTERNATIONAL ASSOCIATION OF SECURITY PROFESSION ALS, INC.

Principal Place of Business				Mailing Address								
7154 N. UNIVERSITY DRIVE SUITE 146 FT. LAUDERDALE FL 33321-2916			S	7154 N. UNIVERSITY DRIVE SUITE 146 FT. LAUDERDALE FL 33321-2916								
FI. ENDERDACE FE 35321-2510					•			3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1995				
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	Applied For  Not Applicable			
21				26								
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Addition Fee Required				
23	City & State			City & State			1	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees			
24	Zip	Country 25	29	Zıp	30	untry		B. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, } Yes □ No			
	9. Name	e and Address of Cur	ent Regis	tered Agent	10. Name and Address of New Registered Agent							
						81	Name					
AMERILAWYER 343 ALMERIA AVĘ. CORAL GABLES FL 33134						82	82 Street Address (P.O. Box Number is Not Acceptable)					
						83						
						84	City		85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.0503, Florida Statutes.

84 City

IST BIIST WIT	tit, and accept the obligations of, dection of 7:0500	, i lorida Otatatos.					
SIGNATURE	Signature, typed or printed name of registered againt and title it applicate	e (NO1E R	egistered Agnitt signature	regured when reinstating: DA	Tŧ.		
12.1	OFFICERS AND DIRECTOR	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TILLE	DIRECTOR	DELETE	11 TITLE	PRECTOR	Change	Addition	
NAME	HERNANDEZ, EMILIO		1.2 NAME				
STREET ADDRESS	7154 N. UNIVERSITY DRIVE, SUITE 146		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33321-2916		1.4 CiTY - S1 - ZIP				
TITLE		DELETE	2 1 TITLE	THE DIRENTON.	☐ Change	■ Addition	
NAME			2.2 NAME	DAY CYTPHN .			
STREET ADDRESS			2.3 STREET ADDRESS	-1 $-1$ $-1$ $-1$ $-1$ $-1$ $-1$ $-1$	a, Sune	11 44	
CITY-ST-ZIP			2 4 CiTY-ST-ZiP	F1. I. MUDORVILE, F1. ?	13321-25	176	
TITLE		DELETE	3.1 TITLE	DIRECTOR .	Change	Addition	
NAME			3.2 NAME	POLICEORES TIMESTA			
STREET ADDRESS			3.3 STREET ADDRESS	7/54 W UNIVERSITY UR	ie, suite	2 H196	
CITY-ST-ZIP			34 CITY-ST-ZIP	FT. LAUDERPARE FL 3	332), 22	1 k	
TITLE	TOEASURER MARTINEZ. 7154 N. UNIVERSITY DRIVE.	DELETE	4 1 TITLÉ		☐ Change	Addition Addition	
NAME	PLEKANDER MARTINEZ.		4. 2 NAME				
STREET ADDRESS	7154 N. UNIVERSITY DRIVE.	, Suite 4/46	43 STREET ADDRESS				
	PT LANDERDALE, FL 3332	1-2916	4 4 CITY - ST - ZIP				
TITLE		DELETE	5 1 TIFLE		Change	Addition	
NAME			5 2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS	000001848	1411		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	-05/29/9601032	-UU1		
TITLE		DELETE	61 TITLE	***51.25	☐ Change	Addition	
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS		6-1-	910 00	
OTTICE THOUNESS	I .			1	~ 1 /	110 10	

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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

EMILIO HERNANDEZ 2/8/96 (865) 232-4223