FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 30 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036399 (2)

1. Corporation Name
ACE SECURITY CONSULTANTS, INC.

Principal Place of Business	Mailing Address
4801 S. UNIVERSITY DRIVE SUITE 122 DAVIE FL 33328 US	4801 S. UNIVERSITY DRIVE SUITE 122 DAVIE FL 33328 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 18559 W. Dixie Hwy	2a. Mailing Address: 26 18559 W. Dixie Hwy
Suite, Apt. #, etc.: 22 (1 A)	Suite, Apt. #, etc.: 27 (1A)
City & State: 23 N. Miami, Florida	City & State: 28 N. Miami, Florida.
Zip: 24 33180 — Country: 25 USA	Zip: 29 33180 — Country: 30 USA

3. Date Incorporated or Qualified: 05/20/1993
3a. Date of Last Report: 08/12/1994
4. FEI Number: 59-2072163 ☐ 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	10. Name and Address of New Registered Agent
GARCIA, ELIANA 11145 N.W. 27TH ST. SUNRISE FL 33328	81 Name: GARCIA ELIANA 82 Street Address (P.O. Box Number is Not Acceptable): 18559 W. Dixie Hwy (1A) 83 N. Miami 84 City — FL — 85 Zip Code 33180

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: ELIANA GARCIA (typed or printed name of registered agent and title if applicable) [signature] (NOTE: Registered Agent signature required when reinstating) 3/20/95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, RAYMOND	1.2 NAME	
STREET ADDRESS	4801 S. UNIVERSITY DRIVE, SUITE 122	1.3 STREET ADDRESS	
CITY ST ZIP	DAVIE FL	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(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 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: [signature] RAYMOND GARCIA 3/20/95 (305) 682-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0235701 CP