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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000036399 (2)

1. Corporation Name

ACE SECURITY CONSULTANTS, INC.

Principal Place of Business

18557 W DIXIE HWY
SUITE 1A
N MIAMI FL 33180
US

Mailing Address

18557 W DIXIE HWY
SUITE 1A
N MIAMI FL 33180-2614
US

3. Date Incorporated or Qualified
05/20/1993

3a. Date of Last Report
05/01/1996

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
7471 W OAKLAND PARK BLVD SUITE 110
FT LAUDERDALE FL 33319

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	GARCIA, RAYMOND	4801 S. UNIVERSITY DRIVE, SUITE 122	DAVE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	President	GARCIA, RAYMOND	18501 W. DIXIE HWY		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2			N. MIA. FL. 33180		<input type="checkbox"/>	<input type="checkbox"/>
2.1					<input type="checkbox"/>	<input type="checkbox"/>
2.2					<input type="checkbox"/>	<input type="checkbox"/>
2.3					<input type="checkbox"/>	<input type="checkbox"/>
2.4					<input type="checkbox"/>	<input type="checkbox"/>
3.1					<input type="checkbox"/>	<input type="checkbox"/>
3.2					<input type="checkbox"/>	<input type="checkbox"/>
3.3					<input type="checkbox"/>	<input type="checkbox"/>
3.4					<input type="checkbox"/>	<input type="checkbox"/>
4.1					<input type="checkbox"/>	<input type="checkbox"/>
4.2					<input type="checkbox"/>	<input type="checkbox"/>
4.3					<input type="checkbox"/>	<input type="checkbox"/>
4.4					<input type="checkbox"/>	<input type="checkbox"/>
5.1					<input type="checkbox"/>	<input type="checkbox"/>
5.2					<input type="checkbox"/>	<input type="checkbox"/>
5.3					<input type="checkbox"/>	<input type="checkbox"/>
5.4					<input type="checkbox"/>	<input type="checkbox"/>
6.1					<input type="checkbox"/>	<input type="checkbox"/>
6.2					<input type="checkbox"/>	<input type="checkbox"/>
6.3					<input type="checkbox"/>	<input type="checkbox"/>
6.4					<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (305)
682-9800

0244403

CR2E034 (9/96)