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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # **P93000036399 (2)**

ACE SECURITY CONSULTANTS, INC.

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May 08 1997 8:00am
Secretary of State



Pfincipa: Place 18557 W DIXIE SUIT 1A N MIAMI FL 33 US		Mailing Address 18557 W DIXIE HWY SUITE 1A N MIAMI FL 33180-2614 US		3. Date Incorporated or Qualified	3a. Date of Last F		
			05/20/1993	05/01/1996			
	ace of Business	2a. Mailing Address	News or the	4, FEI Number	h	pplied For	
	I W. DIXIE Hung	26 850 W	. Dixie Itm	<u>4</u> 59-2072163		ot Applicable	
-83/	N/A-	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & Etato	A. FL. 33180	City 8 State 28 N. WA.	FL.	Election Campaign Financing Trust Fund Contribution		May Be to Fees	
3318	Country 25 U.S.A., 9, Name and Address of Current		30 UJA	8. This corporation has liability for in Florida Statutes	Yes No	s. 199.032,	
GAR	CIA, ELIANA		81 Name				
	I W OAKLAND PARK BLVD SUTE AUDERDALE FL 33319	110	82 Street Address (P.Q. Box Nurriber ANot Acceptable) 83 84 City 85 Zip Code				
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was a	athorized by the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept	urpose of changing in the appointment as	ts registered registered	
SCHOOL STATES							
igna) ure	Squator - typed or pentod narro of registered agen	t and title if applicable (NOT	Registered Agent signature in	equired when reinstating)	DATE		
	OFFICERS AND	DIRECTORS	Registered Agent signature re	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO		
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information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the lam 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 charged, or the mattachment with an address.

SIGNATURE:

THE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #