

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

18501 W. DIXIE HWY
SUITE 1A
N. MIAMI FL 33180
US

Mailing Address

18501 W. DIXIE HWY
SUITE 1A
N. MIAMI FL 33180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

☒ No

2. Principal Place of Business

21 2601 W. 12 AVE

Suite, Apt. #, etc.

22 (Rear)

City & State

23 Hialeah, FL

Zip

24 33010

Country

25 U.S.A.

2a. Mailing Address

26 N/A

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GARCIA, ELIANA
7471 W OAKLAND PARK BLVD SUITE 110
FT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name

RAYMOND GARCIA

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

2601 W. 12 AVE

83

(Rear)

84 City

Hialeah

FL

85 Zip Code

33010

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)

9/29/98

12. OFFICERS AND DIRECTORS

TITLE D GARCIA, RAYMOND ☐ DELETE

NAME GARCIA, RAYMOND
STREET ADDRESS 4801 S. UNIVERSITY DRIVE, SUITE 122
CITY-ST-ZIP DAVIE FL

TITLE P GARCIA, RAYMOND ☐ DELETE

NAME GARCIA, RAYMOND
STREET ADDRESS 18501 W. DIXIE HWY
CITY-ST-ZIP N. MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



Change

☐ Addition



Change

☐ Addition



Change

☐ Addition



Change

☐ Addition



Change

☐ Addition



Change

☐ Addition

14. I 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 on an attachment with an address.

SIGNATURE

RAYMOND GARCIA

9/29/98 (305)887-0110

CR2E034 (5/98)