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Mar 17 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 # P93000052780 (2)

1. Corporation Name
SWAT SECURITY, INC.

Principal Place of Business	Mailing Address
12394 S.W. 82ND AVENUE MIAMI FL 33156 US	5322 N.W. 188TH ST. MIAMI FL 33055-2368 US

3. Date Incorporated or Qualified: 07/28/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 12973 S.W. 132 COURT
Suite, Apt. #, etc. 22
City & State 23 MIAMI, FLORIDA
Zip 24 33186 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3203101 ☐ 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

MARK S. VASCONCELLOS
5322 N.W. 188TH STREET
SUITE #9
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name: MR. Charles Jones
82 Street Address (P.O. Box Number is Not Acceptable): 9900 S.W. 168 STREET
83 SUITE #9
84 City: MIAMI FL 85 Zip Code: 33157

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: Charles Jones 3/3/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE	PVst	■ Change ☐ Addition
NAME	VASCONCELLOS, MARK S		1.2 NAME	VASCONCELLOS, MARK S.	
STREET ADDRESS	19731 SW 103 COURT		1.3 STREET ADDRESS	5322 N.W. 188 STREET.	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	MIAMI, FL. 33055	
TITLE	D	☐ DELETE	2.1 TITLE	D	■ Change ☐ Addition
NAME	VASCONCELLOS, MARK S		2.2 NAME	VASCONCELLOS, MARK S.	
STREET ADDRESS	19731 SW 103 COURT		2.3 STREET ADDRESS	5322 NW 188 STREET	
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-ZIP	MIAMI, FL. 33055	
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VASCONCELLOS, KARYN A		3.2 NAME		
STREET ADDRESS	5322 NW 188 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: 3-3-97 #5322 33055