

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # P93000078965 (9)**

1. Corporation Name:

**GLOBAL MANAGEMENT & SECURITY CONTROL CONSULTANTS,  
INC.**

Principal Place of Business

8281 CORAL WAY  
MIAMI FL 33155

Mailing Address

8281 CORAL WAY  
MIAMI FL 33155

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:50

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/09/1993</b>	3a. Date of Last Filing <b>03/22/1994</b>
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4. EIN Number <b>65-0452805</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Dugout <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees <input type="checkbox"/>
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8. This corporation has liability for intangible tax under § 199 (C) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

UDDIN, NASEEM T  
11480 S.W. 1ST ST. 7630 S.W. 73 PLACE.  
MIAMI FL 33174 33143

10. Name and Address of New Registered Agent

81. Name <b>UDDIN, NASEEM T</b>	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 must be handwritten and legible and typed name must be identical to signature)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD UDDIN, NASEEM T 11480 S.W. 1ST ST. MIAMI, FL 33174	1.1 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <b>7630 S.W. 73 PLACE MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VSD UDDIN, LUBNA T 11480 S.W. 1ST ST. MIAMI, FL 33174	2.1 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <b>7630 S.W. 73 PLACE MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD UDDIN, TASnim 11480 S.W. 1ST ST. MIAMI, FL 33174	3.1 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <b>7630 S.W. 73 PLACE MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.05(4)(a), 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 it were under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13(a) changed or on modification with no dashes.

SIGNATURE:

*TASNIM UDDIN*  
SIGNATURE AND YOUR OWN NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95 305-264-0994