FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1	MENT # P940(NAME SECURITY, INC.	000249	6 (5)				18 118
Principal Place of Business Mailing Address						I Jadiisal ihe jehil aşalı eshir asılı asılı bərik asılı salı	IN NOON DIQUE INING QIII IOOF
5800 SW 135TH AVE 202-A MIAMI FL 33173-5180 US		5800 SW 135TH AVE 202-A MAIMI FL 33183-5180 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1994	
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number	Applied For
21		26	~ · · · - · · · · · · · · · · · · · · · 			65-0460015	Not Applicable
Suite, Apt.	re 208	Surte, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Sta	ele			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 23 33	Country	Ziρ	<u> </u>	Country	/	8. This corporation owes or has paid the cu	
24 33	9. Name and Address of Curr	29	30	0]		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
		eur uedistelen våe	<u> </u>	81	Name	10. Name and Address of New Registered	Agent
RAMON GOMEZ					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5600 SW 135TH AVE				82	Street Ad	dress (P.O, Box Number is Not Acceptable)	Ì
202-A MIAMI FL 33183				83			
MIN	IMI FL 33103						
]				84	City	FL	85 Zip Code
agent. I at SIGNATURE	egistered agent, or both, in the Stamfamiliar with, and accept the ob-	igations of, Section 6	607.0505, Floric	ia Statute	S	rporation submits this statement for the purpose of alion's board of directors. I hereby accept the appuished when reinslating) DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	P		DELETE	1.1 TITLE			Change Addition
NAME	GOMEZ, RAMON			1.2 NAME			5
STREET ADDRESS	5600 SW 135TH AVE 202-A	•		1.3 STAEET	ADDRESS		ָ ֪֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖
CITY-ST-ZIP	MIAMI FL		Locurte	1.4 CITY - 9	ST- ZIP		<u> </u>
TITLE			DELETE	2.1 TITLE	}		Change Addition C
NAME				2.2 NAME			j
STREET ADDRESS				2.3 STREET			
CITY-ST-ZIP			DELETE	2. 4 CITY - 1 3.1 TITLE	SI-ZIP		Change Addition
NAME		_		3.2 NAME	İ		
STREET ADDRESS				3.3 STREET	ADDRESS		1
CITY-ST-ZIP				3.4. CITY - 1	ì		1
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS]
CITY-ST-ZIP				4.4 CITY - S	T-ZIP		
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			ļ
STREET ADDRESS				5 3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CrTY - S	T - ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition

14. Thereby 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 eport 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 13 or Block 13 changed on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

OLONIATURE.

STREET ADDRESS

CITY-ST-ZIP

1/15/98 (305)386-017

FILED

Jan 26 1998 8:00am

Secretary of State