FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000025166 (7)

1. Corporation Name
ELECTRONIC SECURITY INTERNATIONAL, INC.

Principal Place of Business
6629 NW 177 TERR
MIAMI FL 33015

Mailing Address
6629 NW 177 TERR
MIAMI FL 33015

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0489001 — Applied For / Not Applicable

2. Principal Place of Business
21 1375 NW 97 AVE
Suite, Apt. #, etc.
22 BAY # A7
City & State
23 Miami, FLA
Zip
24 33172
Country
25 USA

2a. Mailing Address
26 1375 NW 97 AVE
Suite, Apt. #, etc.
27 BAY # A7
City & State
28 Miami, FLA
Zip
29 33172
Country
30 USA

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**

BARRETO, HERNANDO
6629 NW 177 TERRACE
MIAMI FL 33015

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE 6-15-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BARRETO, HERNANDO	
STREET ADDRESS	6629 NW 177 TERRACE	
CITY-ST-ZIP	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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	S	☐ Change ☒ Addition
1 2 NAME	ORTIZ, FRANCIA	
1 3 STREET ADDRESS	122 SW Kingsgate,	
1 4 CITY-ST-ZIP	LAKE OSWEGO, OR - 97035	
2 1 TITLE	P	☒ Change ☐ Addition
2 2 NAME	BARRETO, HERNANDO	
2 3 STREET ADDRESS	2645 NE 164 St.	
2 4 CITY-ST-ZIP	Miami, FLA - 33160	
3 1 TITLE	M	☐ Change ☒ Addition
3 2 NAME	CASTAÑEDA, RENE	
3 3 STREET ADDRESS	15340 SW 106 Ter # 824	
3 4 CITY-ST-ZIP	Miami, FLA. 33196	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 6-15-96. — Daytime Phone #

CR2E034 (12/95)