

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra E. Myrtile  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

05/11/95 - 1 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000026248 (2)**

1. Corporation Name

QUEST SECURITY SERVICES INC.

Principal Place of Business

1728 S.W. 131ST PLACE CIRCLE SOUTH  
MIAMI FL 33175

Mailing Address

1728 S.W. 131ST PLACE CIRCLE SOUTH  
MIAMI FL 33175

2. Principal Place of Business

21 Suite, Apt. # etc

26 Mailing Address

27 Suite, Apt. # etc

23 City & State

24 At Country

28 City & State

29 At Country

30

9. Name and Address of Current Registered Agent

MONTEJO, FRANK R  
1728 S.W. 131ST PLACE CIR. SO.  
MIAMI FL 33175

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 607.1506, 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. Thereby accept the appointment as registered agent, from time with, and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES, REMOVALS, AND DELETIONS

1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(6), Florida Statutes. I further certify that the information indicated on the 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 the officer or director listed in the position or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 14 (if signed) or on the front of the document with an address.

SIGNATURE:

FRANK R. MONTEJO 5/1/95 305-649-1044  
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR