FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046593 (7)**

1. Corporation Name
NEW WORLD SECURITY, INC.

Principal Place of Business	Mailing Address
273 WEST CITRUS STREET ALTAMONTE SPRINGS FL 32714	273 WEST CITRUS STREET ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/22/1994**
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 162568	4. FEI Number 59-3251417	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 ALTAMONTE SPRINGS, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 32716-2568 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIVERA, HERIBERTO 273 WEST CITRUS STREET ALTAMONTE SPRINGS FL 32714	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P ☐ Change ☒ Addition
NAME	RIVERA, HERIBERTO	1.2 NAME	RIVERA, HERIBERTO
STREET ADDRESS	273 WEST CITRUS STREET	1.3 STREET ADDRESS	273 W. CITRUS STREET
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE		2.1 TITLE	V ☐ Change ☒ Addition
NAME		2.2 NAME	RIVERA, CARLOS
STREET ADDRESS		2.3 STREET ADDRESS	273 WEST CITRUS STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE		3.1 TITLE	T ☐ Change ☒ Addition
NAME		3.2 NAME	MEDINA, MILTON
STREET ADDRESS		3.3 STREET ADDRESS	5 MANATEE ROAD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SORRENTO, FL 32776
TITLE		4.1 TITLE	S ☐ Change ☒ Addition
NAME		4.2 NAME	RIVERA, DOREEN
STREET ADDRESS		4.3 STREET ADDRESS	273 WEST CITRUS STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Heriberto Rivera 4/26/95 407/834-3039
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
HERIBERTO RIVERA

0000181 CP