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FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000046593 (7)**

1. Corporation Name
NEW WORLD SECURITY, INC.

Principal Place of Business	Mailing Address
1750 S HWY 427 908 ALTAMONTE SPRINGS FL 32701 US	P. O. BOX 162568 ALTAMONTE SPRINGS FL 32716-2568 US

2. Principal Place of Business	2a. Mailing Address
21 920 Britt Court	26
Suite, Apt. #, etc. 22 #250	Suite, Apt. #, etc 27
City & State 23 Altamonte Springs, FL	City & State 28
Zip 24 32701	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified: 06/22/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3251417 ☐ Applied For ☐ Not Applicable
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	10. Name and Address of New Registered Agent
RIVERA, HERIBERTO 1750 S HWY 427 908 ALTAMONTE SPRINGS FL 32701	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 920 Britt Court 83 250 84 City Altamonte Springs FL 85 Zip Code 32701

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	☐ DELETE	1.1 TITLE	P	☒ Change ☒ Addition
NAME	RIVERA, HERIBERTO		1.2 NAME		
STREET ADDRESS	1750 S HWY 427 SUITE 908		1.3 STREET ADDRESS	920 BRITT CT SUITE 250	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RIVERA, CARLOS		2.2 NAME		
STREET ADDRESS	1750 S HWY 427 SUITE 908		2.3 STREET ADDRESS	920 BRITT CT SUITE 250	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP	ALTAMONTE SPINGS, FL 32701	
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MEDINA, MILTON		3.2 NAME		
STREET ADDRESS	5 MANATEE ROAD		3.3 STREET ADDRESS	920 BRITT CT SUITE 250	
CITY-ST-ZIP	SORRENTO FL		3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	RIVERA, DOREEN		4.2 NAME		
STREET ADDRESS	1750 S HWY 427 SUITE 908		4.3 STREET ADDRESS	920 BRITT CT SUITE 250	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby 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 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] DOREEN RIVERA 4/18/97 407/834-3039