~~FILE NOW: FILING FEE AFTER MAY 1 IS $550.00~~

FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
~~Sandra B. Mortham~~
DIVISION OF CORPORATIONS

DOCUMENT # P94000046593

1. Corporation Name
New World Security Inc

Principal Place of Business / Mailing Address
561 Oakhurst Street
Altamonte Springs FL 32701

AMENDMENT

3. Date Incorporated or Qualified	3a. Date of Last Report

2. Principal Place of Business
21 561 Oakhurst St
Suite, Apt. #, etc.
22
City & State
23 Altamonte Spg
Zip 24 32701 Country 25 USA

2a. Mailing Address
26 561 Oakhurst St
Suite, Apt. #, etc.
27
City & State
28 Altamonte Spg
Zip 29 32701 Country 30 USA

4. FEI Number 593251417 ☐ 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Henbento Rivena
561 Oakhurst St
Altamonte Spg FC 32701

10. Name and Address of New Registered Agent

81 Name: Ketty Rivena
82 Street Address (P.O. Box Number is Not Acceptable): ~~420~~ 561 Oakhurst St
83
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: Ketty Rivena — 03-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Henbento Rivena 561 Oakhurst St Altamonte Spg 32701 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Ketty Rivena 561 Oakhurst St Altamonte Spgs FL 32701 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Secretary Marc Rivena 561 Oakhurst St Altamonte Spgs FC 32701 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	000002607150 -08/04/98--01072--017 ***61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: Ketty Rivena — 03-28-97 — 4078343039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #