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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000067505 (5)

DOCUMENT #

1. Corporation Name

HIGH-TECH GUARD, INC.

| Principal Place of Business Mailing Address | | | | | | | | | |
|---|--|---|---|----------------|---|--|-----------------------------------|---------------------------------------|---------------------------------|
| 18398 S.W. 13 MIAMI FL 331 | OSTH AVE. | 9 | 18398 S.W. 136TH AVE. | | | | | | |
| | | • | | | | 3. Date Incorporated or Qualified 09/14/1994 | 3a. [| Date of Last Re 04/21/199 | port)5 |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | | | | 4. FEI Number 65-0521507 | | | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees | | | |
| Zip | Country | Zip | Cour | ntry | | 8. This corporation has fiability for | intangib | | 199.032, |
| 4 | 25 9 Name and Address of Curre | 29 Agent | [30] | | | Fiorida Statutes | | | |
| | g. Name and Address of Curre | ant negistered Agent | | 81 | Name | 10, 144110 4110 7100 00 01 | | | |
| | TATIANA M W. 136TH AVE. | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptal | ole) | · | |
| MIAMI FI | | | | 83 | | | | | |
| | | | | 84 | City | | | EL 85 Zip | Code |
| 11 Purcuant to | the provisions of Sections 607 050 | 02 and 607 1508. Florida Stat | utes, the abo | ve-n | amed corpo | ration submits this statement for the pu | roose of | changing its r | egistered office |
| or registere | ad agent, or both, in the State of Flo h, and accept the obligations of, Se | orida. Such change was autho | rized by the c | corpc | oration's boa | and of directors. I hereby accept the app | ointmen | it as registered | agent. I am |
| SIGNATURE _ | | | iord n | | | ad when constitution | DAT | re | |
| | Signature, typed or printed name of registered age OFFICERS A | ent and title if applicable IND DIRECTORS | NOTE: Hegistered | Ageni | . signatura redjuire | ad when reinstating) ADDITIONS/CHANGES TO OFI | | | RS IN 12 |
| 12. TITLE | D DELETE | | 111 | ITLE | | | | ☐ Change | ☐ Addition |
| NAME | CAMPO, TATIANA M | | 1.2 N/ | AME | | | | | |
| STREET ADDRESS | 18398 S.W. 136TH AVE. | | 1.3 S1 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33177 | | 1.4 CI | ITY - 5 | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 2.17 | ITLE | | | | Change | Addition |
| NAME | | | 2.2 N/ | AME | 1 | | | | |
| STREET ADDRESS | | | 2.3 ST | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 24 C | ITY-\$ | T-ZIP | | | F7 01 | |
| TITLE | | ☐ DELETE | 3.1 T | ITLE | | | | ☐ Change | Addition |
| NAME | | | 3 2 N | AME | | | | | |
| STREET ADDRESS | | | 3.3. S | STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | F7 Printing | | 17Y-S | T-ZIP | | | ☐ Change | ☐ Addition |
| TITLE | | DELETE | 4.1T | | ļ | | | ☐ Criange | |
| NAME | | | 4.2 N | | 1000000 | | | | |
| STREFF ADURESS | | | | | ADDRESS ST-ZIP | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5 1 7 | | 1-20 | | | Change | ☐ Addition |
| NAME | | | 52 N | IAME | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | |
| 111LF | | ☐ DELETE | 6. 1 1 | | | | | Change | Addition |
| NAME | | | 6.2 N | IAME | | | | | |
| STREET ADDRESS | | | 6.3 S | TREET | ADDRESS | | | | |
| מול די עדום | | | 640 | OTY-S | ST-ZIP | | | | |
| | y certify that the information supplie | ed with this filing is voluntarily f | urnished and | doe | s not qualify | for the exemption stated in Section 11 | 9.07(3)(k e same |), Florida Statu legal effect as i | tes. I further if made under |
| certify that oath; that appears in | t the information indicated on this ar I am an officer or director of the co n Block 12 or Block 13 if challiged | nnual report or supplemental a rporation or the receiver/or tru br on an attachment with an a | aririuai report stee empowe ddress. | is tru ered | to execute the | his report as required by Chapter 607, 1 | Florida S | tatutes; and th | at my name |
| SIGNAT | URE: Jab | eace Counts | TALIA | W | f COM | 40 4/15/60 | | ZJZ-13 Daytime Phone | 56 |
| | SIGNATURE AND TYPE | OR PRINTED NAME OF GNING OF | FICER OR DIREC | TOR | | Pate | | паунте елоге | - |