SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091448 (8)

INTERNATIONAL SECURITY CENTERS, INC.

Principal Place of Business

Mailing Address

FILED Sep 19 1997 8:00am Secretary of State



1690 N.E. 205 TERRACE MIAMI FL 33179		1690 N.E. 205 TERRACE MIAMI FL 33179		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified 12/16/1994	3a, Date of Last Report 09/17/1996
2. Principal Pl 21 2053	S N.E. 64 CT.	26. Mailing Address 26. 20535 N (= lota 0.	4 FEt Number	Applied For Not Applicable
Suite, Apt.		26 ZOS 35 N (Suite, Apt. #, etc.	e (b C)	65-0540495 5. Certificate of Status Desired	S8.75 Additional
22		City & State			Fee Required
City & State 23 MIAA	// 2017()	28 MIAMI,	FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 3	179 Country USA	29 Zip 33179 3	O USA	8. This corporation owes or has pai Personal Property Tax due June 10. Name and Address of New Rei	30. 🛛 Yes 🗌 No
	9. Name and Address of Current	Registered Agent	81 Name		Jistered Agent
MEINDERS, USUAN				SCAR WEINBERG	
				ddress (P.O. Box Number is Not Acceptab	(e)
83					
			84 City A		85 Zin Code
			/	MAMI	FL 33179
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 unit, and accept the appointment of Section 607.0505, Florida Statutes.					
agent. I a	n familiar with, and accept the obliga	tions of Section 607.0505, Florid	da Statutes.*	1 Janacas Paris	at alock 7
SIGNATURE	Signalure, lyped or printed name of registered ager	ot and total if application (NOTE: I	Registered Agent signature	required when reinstation)	DATE 7/10/9
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		TV A1
NAME	WEINBERG, OSCAR		1.2 NAME	OSCAR WEINBERG 20535 NE GTO CT MIAMI, FL. 3317	
STREET ADDRESS	1690 NE 205TH TERRACE		1.3 STREET ADDRESS	20535 NE 61	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, PC. 331	7
TITLE		☐ DELETE	2.1 1111.6		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DECETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		E Change E Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE			4.1 (11LF 4. 2 NAME		E Auturido E Hopition
NAME PERFET APPROVOC			4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 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		
14. I do herel	by certify that the information supplied	with this filing does not qualify	for the exemption st	ated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatio I am an o' appears i	n Indicated on this annual report or s floer or director of the corporation or n Block 12 or Block 13 if changed, or	upplemental annual report is tru- the receiver of trustee empower on/an attachment with an addre	e and accurate and red to execute this ress.	that my signature shall have the same lega eport as required by Chapter 607, Florida S OSCAR WEINBERG	reliect as it made under eath; that tatutes; and that my name