FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 AUG 26 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000003206 (6)**

1. Corporation Name

ENTERPRISE SECURITY SYSTEM, INC.

Principal Place of Business	Mailing Address
~~17626 NW 27TH AVENUE~~ ~~MIAMI FL 33056~~	~~17625 NW 27TH AVENUE~~ ~~MIAMI FL 33056~~

3. Date Incorporated or Qualified: 01/12/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8181 NW 36th Street	26 8181 NW 36th Street
Suite, Apt. #, etc. 22 Ste #5D	Suite, Apt. #, etc. 27 Ste #5D
City & State 23 Miami, Fl	City & State 28 Miami, Fl
Zip 24 33166 County 25 USA	Zip 29 33166 County 30 USA

4. FEI Number: 65-0546761 ☐ 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
JOHNSON, JANET 17625 NW 27TH AVENUE MIAMI FL 33056	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 Section 607.0502 and 607.1506, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	
TITLE	D	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JANET		1 2 NAME	
STREET ADDRESS	6541 NW 170TH TERRACE		1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015		1 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2 1 TITLE	600001 [illegible]
NAME	NICELY, DELROY		2 2 NAME	-08/30/96--01067--007
STREET ADDRESS	6541 NW 170TH TERRACE		2 3 STREET ADDRESS	****225.00 ****225.00
CITY-ST-ZIP	MIAMI FL 33015		2 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	NICELY, JACQUES		3 2 NAME	
STREET ADDRESS	6541 NW 170TH TERRACE		3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015		3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☒ Addition
NAME			4 2 NAME	MONROY, ABFREDO
STREET ADDRESS			4 3 STREET ADDRESS	11375 S.W. 112th TERR
CITY-ST-ZIP			4 4 CITY-ST-ZIP	MIAMI FL. 33176 Treasurer
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☒ Addition
NAME			5 2 NAME	QUINTELA, CARLOS,
STREET ADDRESS			5 3 STREET ADDRESS	405 NW BLVD
CITY-ST-ZIP			5 4 CITY-ST-ZIP	MIAMI FL. 33126 Secretary
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	

8/28/96

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 added by an attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/96. (305)591-3375
Date Daytime Phone #

CR2E034 (12/95)