FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P-95000027109

1. Corporation Name
SPARTAN SECURITY SERVICES INC.

100001810581
-05/07/96--01024--020
***200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
	5441 W 24TH AVE #75 HIALEAH FL 33016

3. Date Incorporated or Qualified: APRIL 3, 1995	3a. Date of Last Report
4. FEI Number: 65-0597910	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 4483 NW 36TH ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 207
City & State 23	City & State 28 MIAMI SPRINGS, FLORIDA
Zip 24 / Country 25	Zip 29 33166 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOSE EFRAIN CASANOVA P.O. BOX 2762 HIALEAH.	81 Name: JOSE EFRAIN CASANOVA 82 Street Address (P.O. Box Number is Not Acceptable): 8960 NW 8TH ST # 314 83 84 City: MIAMI FL 85 Zip Code: 33172

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 April 26, 1996
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	PRESIDENT	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MIGUEL E. RODRIGUEZ	1.2 NAME	JOSE E. CASANOVA.	
STREET ADDRESS	5441 W 24TH AVE #75	1.3 STREET ADDRESS	8960 NW 8TH ST #314	
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VICE-PRESIDENT	2.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	MIGUEL E. RODRIGUEZ.	2.2 NAME	EFRAIN J. CASANOVA.	
STREET ADDRESS		2.3 STREET ADDRESS	8960 NW 8TH ST #314	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SECRETARY	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	MIGUEL E. RODRIGUEZ	3.2 NAME	RUTH B. CASANOVA	
STREET ADDRESS		3.3 STREET ADDRESS	8960 NW 8TH ST #314	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TREASURER.	4.1 TITLE	TREASURER.	☒ Change ☐ Addition
NAME	MIGUEL E. RODRIGUEZ	4.2 NAME	JOSE E. CASANOVA.	
STREET ADDRESS		4.3 STREET ADDRESS	8960 NW 8TH ST #314	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		5.1 TITLE	DIRECTOR.	☐ Change ☒ Addition
NAME		5.2 NAME	PATRICIA A. RICHARDS.	
STREET ADDRESS		5.3 STREET ADDRESS	15845 SW 143 PATH.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		6.1 TITLE	DIRECTOR.	☐ Change ☒ Addition
NAME		6.2 NAME	RUTH J. CASANOVA.	
STREET ADDRESS		6.3 STREET ADDRESS	8960 NW 8TH ST #314	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33172	

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)(k), 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: _____ April 26, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #