

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

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AND
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97 OCT 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1996

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

DOCUMENT # **P95000036976 (5)**

1. Corporation Name

JULES SECURITY CORPORATION

Principal Place of Business

Mailing Address

**10300 SUNSET DRIVE SUITE 207
MIAMI FL 33173**

**10300 SUNSET DRIVE SUITE 207
MIAMI FL 33173**

REINSTATEMENT 1996-97

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10300 SUNSET DRIVE STE 265

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANON-JULES, THOMAS JR

**10300 SUNSET DRIVE SUITE 207 265
MIAMI FL 33173**

81 Name

THOMAS SANON-JULES

82 Street Address (P.O. Box Number is Not Acceptable)

10300 SUNSET DRIVE SUITE 265

83

84 City

MIAMI

FL

85 Zip Code

33173

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

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SANON-JULES, THOMAS JR**
STREET ADDRESS **10300 SUNSET DRIVE SUITE 207 265**
CITY-ST-ZIP **MIAMI FL 33173**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **400002327304-4**
1.3 STREET ADDRESS **-10/22/97-01103-013**
1.4 CITY-ST-ZIP *******915.00 *****915.00**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **400002327304-4**
2.3 STREET ADDRESS **-10/22/97-01103-014**
2.4 CITY-ST-ZIP *******8.75 *****8.75**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **NANCY DOUGE**
5.4 CITY-ST-ZIP **15540 SW 80st#201
MIAMI, FLORIDA 33193**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/17/1997 (305) 274-7005

CR2E034 (12/95)