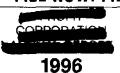
## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00





FLORIDA DEPARTMENT OF STATE

🔥 Sandra 🕏 Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Corporation Name

P95000036976 (5)

JULES SECURITY CORPORATION

APPHOVED FILED

97 OCT 20 AM 9: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address					
10300 SUNSET DRIVE SUITE 207 MIAMI FL 33173	10300 SUNSET DRIVE SUITE 207 MIAMI FL 33173	REINSTATEM	REINSTATEMENT 1996-99			
		3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Report			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For			
21 10300 SUNSET DRIVE	STE 265 <sup>26</sup>	65-0580632	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Crity & State	City & State	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip         Country           24         25	Ζίρ Country 29 30	, , , , , , , , , , , , , , , , , , , ,	ntangible tax under s 199.032, ☐ No			

SANON-JULES, THOMAS JR 10300 SUNSET DRIVE SUITE 20% 265 **MIAMI FL 33173** 

9. Name and Address of Current Registered Agent

intry	8. This corporation has liability for intengible tax under s 199.032, Florida Statutes
T	10. Name and Address of New Registered Agent
81	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

i i i uisualii	to the provisions of decisions our loses and oper roote, fields	utes, the accessing	инса согроганой эрсина и	ы экисинын кугине ригр	sae or changing its res	anaron oci Cini	100
or registe	ered agent, or both in the State of Florida. Such change was stand	Ized by the corpor	ration's board of directors. I	hereby accept the appoir	ntrnent as registered a	igent. i am	
familiar v	ored agent, or both in the State of Florida. Sich change was a mo with, and accept the obligations of Sictio 607.0505, From State at	es.					٠,
SIGNATURE	_ Minula Jauan - Sur S	THOMAS	SANON-JULES	PRESIDENT	& SECRETA	RY 7/1	4
	Signature, typod or printed name of registered agent and title 4 applicable (1	NOTE: Registered Agent s	signature required when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIO	NS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12	

SIGNATURE	Signature, typed or printed name of registered agent and title 4 a		HOMAS SAN Registered Agent signature r	NON-JULES PRESIDENT & SECRETARY //// equirod when reinstating) DATE
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	□ DELETE	1. 1 TITLE	Addition D. Addition
NAME	SANON-JULES, THOMAS JR		1.2 NAME	400002327号間4 <sup>D.44</sup> -10/22/9701103013
STREET ADDRESS	10300 SUNSET DRIVE SUITE 28%	265	1.3 STREET ADDRESS	****315.00 *****915.00
CITY-ST-ZIP	MIAMI FL 33173		1.4 City-St-ZiP	
TITLE		☐ DELETE	2. 1 TITLE	400002327304 - 4 -10/22/3701103014
NAME			2.2 NAME	400002327304574
STREET ADDRESS			2.3 STREET ADDRESS	-10/22/3/01103014
CITY-ST-ZIP	-		2.4 CITY-ST-ZIP	*************************************
TITLE		☐ DELETE	3. 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY ST 2IP			3.4 CITY - ST - ZIP	
TITU		☐ DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	_
STREET ADMRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5. 1 TITLE	D Change Addition
NAME			5.2 NAME	NANCY DOUGE
STREET ADDRESS			5.3 STREET ADDRESS	15540 SW 80st#201
CITY-ST-ZIP			5.4 CITY - ST - ZIP	MIMMI, FLORIDA 33193
TITLE		DELETE	6. 1 TITLE	Change Addition
NAME			6.2 NAME	1. allay las
STREET ADDRESS			6.3 STREET ADDRESS	(N) N97

64 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 resolver 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 cha

**SIGNATURE:** 

(305) 274-7005