

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000092574 (9)**

1. Corporation Name  
**SECURE SYSTEMS INTERNATIONAL, INC.**



Principal Place of Business: **8911 GARLAND AVENUE SURFSIDE FL 33154**  
Mailing Address: **8911 GARLAND AVENUE SURFSIDE FL 33154**

3. Date Incorporated or Qualified: **12/06/1995**      3a. Date of Last Report  
4. FEI Number: **97-1285944**      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: 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**KORAKAKOS, CHANDRA  
8911 GARLAND AVENUE  
SURFSIDE FL 33154**

10. Name and Address of New Registered Agent  
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 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 \_\_\_\_\_  
Signature, Name, Title, and Address of Registered Agent (Required) (Print Name)      Name, Title, and Address of Signing Officer or Director (Required) (Print Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMRES, MAURICE	12 NAME	
STREET ADDRESS	14 GOURIDA PARK EAST COAST DEMERARA	13 STREET ADDRESS	
CITY- ST- ZIP	GUYANA, SOUTH AMERICA	14 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMRES, ANTHONY	22 NAME	AMRES, RICARDO
STREET ADDRESS	239 ANAIDA AVE. ECCLES EAST BANK DEMERARA	23 STREET ADDRESS	20 SULLIVAN DR. AJAX ONT. L1T 3L2
CITY- ST- ZIP	GUYANA, SOUTH AMERICA	24 CITY- ST- ZIP	CANADA
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMRES, MARIO	32 NAME	
STREET ADDRESS	LOT 8, PROVIDENCE EAST BANK DEMERARA	33 STREET ADDRESS	
CITY- ST- ZIP	GUYANA, SOUTH AMERICA	34 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORAKAKOS, CHANDRA	42 NAME	
STREET ADDRESS	8911 GARLAND AVENUE	43 STREET ADDRESS	
CITY- ST- ZIP	SURFSIDE FL 33154	44 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		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 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: X *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)