


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000096475 (5)**

1. Corporation Name

A AMERICAN SECURITY & INVESTIGATIONS INC.

Principal Place of Business

**3191 CORAL WAY ST
115-135
MIAMI FL 33145
US**

Mailing Address

**3191 CORAL WAY
115-135
MIAMI FL 33145-3213
US**

3. Date Incorporated or Qualified
12/21/1995

3a. Date of Last Report
02/28/1996

4. FEI Number
65-0630170

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORA, PEDRO
3191 CORAL WAY
SUITE 115-135
MIAMI FL 33135**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	XX DELETE
NAME	BERMUDEZ, RAYMOND	
STREET ADDRESS	10240 S.W. 56TH ST #111-D	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	XX DELETE
NAME	BERMUDEZ, YADIRA	
STREET ADDRESS	10240 SW 56 ST #111-D	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	PSD	XX DELETE
NAME	MORA, PEDRO	
STREET ADDRESS	10240 SW 56 ST #111-D	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	D	XX DELETE
NAME	HARTKE, ALEX	
STREET ADDRESS	2121 PONCE DE LEON BLVD #408	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORA, PEDRO	
1.3 STREET ADDRESS	3191 CORAL WAY, SUITE #115-135	
1.4 CITY - ST - ZIP	MIAMI, FL. 33145	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANTIAGO, CARMEN	
2.3 STREET ADDRESS	3191 CORAL WAY, SUITE #115-135	
2.4 CITY - ST - ZIP	MIAMI, FL. 33145	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MORALES, ALEX	
3.3 STREET ADDRESS	3191 CORAL WAY, SUITE #115-135	
3.4 CITY - ST - ZIP	MIAMI, FL. 33145	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MORALES, MOMO	
4.3 STREET ADDRESS	3191 CORAL WAY, SUITE #115-135	
4.4 CITY - ST - ZIP	MIAMI, FL. 33145	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0202688

CR2E034 (9/96)

4/18/97 (95) 442-2214