PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600007569

1. Corporation Name

GRUPO DE SEGURIDAD DE LAS AMERICAS-USA, INC.

Principal Place of Business

Mailing Address

4782 WEST COMMERCIAL BLVD.

4782 WEST COMMERCIAL BLVD.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90089 031 ***150.00



FORT LAUDERDALE FL: 33319		FORT LAUDERDALE FL 33319		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
		•		01/24/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4758	W. Connercial Blud	26 4758 W. Comp	nercial BI	v d 65-0638210	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Glades activised	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 Ft. Lauder dale FL 28 Ft. Lauder dal				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	tangible ☐ Yes ☐ No
24 3331		29 33319 30	0 5A_	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
PETE	rson, robert j				
4792 MEST COMMEDCIAL BLVD 82 Street At				Address (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33319				758 W COMMERCIAL BLY	<u> </u>
			84 City	TLAUDERDALE FL	85 Zip Code 3333(9
The state of the s					
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.					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signature	equired when reinstating) DATE	7.1
12.	. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change
NAME	MCNICHOLAS, MICHAEL		1.2 NAME		
STREET ADDRESS	4782 WEST COMMERCIAL BLVD).	1.3 STREET ADDRESS	4758 W COMMERCIAL !	3 L V D
CITY-ST-ZIP	FORT LAUDERDALE FL 33319		1.4 CITY-ST-ZIP	FT LAUDERDALE FL 3	3319
TITLE	VD	□ DELETE	2.1 TITLE		Change
NAME	PETERSON, ROBERT J		2.2 NAME	j	}
STREET ADDRESS	4782 WEST COMMERCIAL BLVD).	2.3 STREET ADDRESS	4758 W COMMERCIAL BI	LVD {
- CITY-ST-ZIP	FORT LAUDERDALE FL 33319	-	2. 4 CITY-ST-ZIP	PT. LAUDERDALE FL	33319
TITLE	STD	☐ DELETE	3.1 TITLE		Change
NAME	HERRING, DAVID B		3.2 NAME		_ ·
STREET ADDRESS	4782 WEST COMMERCIAL BLVD).	3.3 STREET ADDRESS	4758 W COMMERCIAL B	L VD
CITY-ST-ZIP	FORT LAUDERDALE FL 33319		3.4. CITY+ST-ZIP	FT LAUDERDALE FL	33319
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	•		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		,
STREET ADDRESS	•		5.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME }	,		6.2 NAME		1
STREET ADDRESS	30 JULY 18 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		6.3 STREET ADDRESS		

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP > 4