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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000080307 (7)

1. Corporation Name

BG SECURITY SERVICES, INC.



Principal Place of Business

13462 SOUTHWEST 256 TERRACE
MIAMI FL 33032

Mailing Address

13462 SOUTHWEST 256 TERRACE
MIAMI FL 33032-6889

2. Principal Place of Business

21 11 South Krome Ave.

Suite, Apt. #, etc.

22 City & State

23 Homestead, FL

Zip

24 33030

Country

25 Dade

2a. Mailing Address

26 11 South Krome Ave

Suite, Apt. #, etc.

27 City & State

28 Homestead, FL

Zip

29 33030

Country

30 Dade

3. Date Incorporated or Qualified

09/26/1996

3a. Date of Last Report

4. FEI Number

65-0713215

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AMERILAWYER CHARTERED~~
~~342 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

81 Name

Michael C. CAFARO

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

100 NE 15 ST

83

Suite 103-C

84 City

Homestead

FL

85 Zip Code

33030

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LOUIS, JOSEPH G
STREET ADDRESS 13462 SOUTHWEST 256 TERRACE
CITY-ST-ZIP MIAMI FL 33032 ☒ DELETE

TITLE VD
NAME DESSOUS, DEJEAN
STREET ADDRESS 13462 SOUTHWEST 256 TERRACE
CITY-ST-ZIP MIAMI FL 33032 ☒ DELETE

TITLE V
NAME CHARLEMAGNE, JEAN
STREET ADDRESS 13462 SOUTHWEST 256 TERRACE
CITY-ST-ZIP MIAMI FL 33032 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME DESSOUS, DEJEAN
1.3 STREET ADDRESS 11 SOUTH KROME AVE
1.4 CITY-ST-ZIP HOMESTEAD, FL 33030 ☒ Change ☐ Addition

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME CHARLEMAGNE, JEAN
2.3 STREET ADDRESS 11 SOUTH KROME AVE
2.4 CITY-ST-ZIP HOMESTEAD, FL 33030 ☒ Change ☐ Addition

3.1 TITLE SD/TP ☒ Change ☐ Addition
3.2 NAME Louis, Joseph G.
3.3 STREET ADDRESS 11 SOUTH KROME AVE
3.4 CITY-ST-ZIP HOMESTEAD, FL 33030 ☒ Change ☐ Addition

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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.

CR2E034 (9/96)