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Apr 30 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 # P96000088752 (6)

1. Corporation Name
SECURITY OFFICER ASSOCIATION, INC.



Principal Place of Business
6235 NW 171ST ST
MIAMI LAKES FL 33015

Mailing Address
6235 NW 171ST ST
MIAMI LAKES FL 33015-4872

3. Date Incorporated or Qualified
10/29/1996

3a. Date of Last Report

4. FEI Number
65-0707622

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 State Apt # etc
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

9. Name and Address of Current Registered Agent

MATOS, VICTOR M
645 NE 77TH ST #20
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name VICTOR M. MATOS
82 Street Address (P.O. Box Number is Not Acceptable)
6235 NW 171 STREET
83
84 City MIAMI LAKES FL 85 Zip Code 33015

11. Pursuant to the provisions of Section 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 in 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 further authorized to accept the delegations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/14/97

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME P. VICTOR M. MATOS
STREET ADDRESS 6235 NW 171 STREET
CITY-ST-ZIP MIAMI LAKES, FL 33015

TITLE DELETE
NAME VP DARELL KEATON
STREET ADDRESS 1441 NW 19TH ST #227
CITY-ST-ZIP MIAMI, FLORIDA 33125

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 Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 or attached to an attachment with an address.

SIGNATURE: [Signature] DATE: 4/14/97 DAYTIME PHONE #: 305-820-0987

CR2E034 (9/96)