

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

FILED  
May 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000022963 (7)

1. Corporation Name

INTERSTATE SECURITY SERVICES INC.



Principal Place of Business

Mailing Address

9801 SW 142 AVENUE #1302  
MIAMI FL 33186

9801 SW 142 AVENUE #1302  
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 13500 SW 88th

Suite, Apt. #, etc.

22 166

City & State

23 MIAMI FL

Zip

24 33186

Country

25 DADE

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 Same

City & State

28 Same

Zip

29 Same

Country

30

3. Date Incorporated or Qualified

03/13/1997

4. FEI Number

05-0743163

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALMA, PERCY A  
9801 SW 142 AVENUE #1302  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

PERCY PALMA

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

14423 SW 107 TERR

83

84 City

MIAMI

FL

85 Zip Code

33186

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 P  
NAME PALMA, PERCY A  
STREET ADDRESS 9801 SW 142 AVENUE #1302  
CITY-ST-ZIP MIAMI FL 33186

☐ DELETE

TITLE ST  
NAME PALMA, SOFIA A  
STREET ADDRESS 9801 SW 142 AVENUE #1302  
CITY-ST-ZIP MIAMI FL 33186

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER  
1.2 NAME PALMA, PAOLA  
1.3 STREET ADDRESS 14423 SW 107 TERR.  
1.4 CITY-ST-ZIP MIAMI, FL. 33186

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME PALMA, PERCY  
2.3 STREET ADDRESS 5302 SW 1520 AL  
2.4 CITY-ST-ZIP MIAMI FL 33185

☒ Change ☐ Addition

3.1 TITLE ST  
3.2 NAME PALMA, SOFIA  
3.3 STREET ADDRESS 14423 SW 107 TERR  
3.4 CITY-ST-ZIP MIAMI FL. 33186

☒ Change ☐ Addition

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

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

*[Signature]*

4/15/98

EX 1007

CR2E034 (10/97)