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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90247 001 ***150.00

DOCUMENT #	P98000008724

1. Corporation Name

QUALITY SECURITY SERVICES, INC.

Principal Place of	Business	Mailing Address			1 124 1105 110 1010 1010 1010 1010 1010 101		B., 6,6, 122,		
9240 SW 72ND STI	REET	9240 SW 72ND ST	REET						
SUITE 201		SUITE 201			DO NOT WRITE IN T	HIS SPACE			
MIAMI FL 33173 MIAMI FL 33173						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					01/26/1998				
2. Principal Place	e of Business	2a. Mailing Addre	SS		4. FEI Number	App	lied For		
21		26			65-0807924	Not	Applicable		
Suite, Apt. #, 6	etc.	Suite, Apt. #,	etc.		5. Certifcate of Status Desired	\$8.75 A			
City & State	-	City & State	٠		6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution	Added to	Fees		
Zip 24	Country 25	Zip 29	Go:	untry	This corporation owes the current year Personal Property Tax		ÑNo		
		of Current Registered Agent			10. Name and Address of New Registe	red Agent			
		_		81 Name)				
VALDES	s, Jesus A	VALOES JES		82 Street	t Address (P.O. Box Number is Not Acceptable)	one (C.O. Boy Alumbor is Not Acceptable)			
889 J	WIISTH STREET #1	8346 NW 1	0 st #7	92 311661	(Address (F.O. Box Number is Not Acceptable)				
MIAMI	F <u>L-33126</u>		22121	83					
-		Miami, Fl.	22146	D4 City		85 Zip C	ode		
		•		84 City		FL ° 3 ² " ~	000		
office or regi	stered agent or both in	the State of Florida. Such chang the obligations of, Section 607.0	e was authorize 505, Florida Sta	d by the corp tutes.	d corporation submits this statement for the purpos poration's board of directors. I hereby accept the a	e of changing its reppointment as reg	egistered istered		
SIGNATURE	ator	Jesús A. Valde	S - Di Re	d Apent signature	a required when reinstating) DAT	[
12.		ICERS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12		
TITLE	Director-Pl	Resident DE	☐ DELETE 1.11			☐ Change	Addition		
NAME .	Tosús A. Vo	nd des	1.21	IAME	Secretary Valdes Sady M. Valdes				
STREET ADDRESS	8346 NW 105	:† # 3	1.3 \$	TREET ADDRESS	1570W 465T# 200				
CITY-ST-ZIP	Miami, El.	33126	1.4 0	CITY-ST-ZIP	Hialcak, FL. 33012				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DE	LETE 2.1 T	TITLE		☐ Change	☐ Addition		
NAME			2.21	IAME			1		
STREET ADDRESS			2.3 \$	STREET ADDRESS	s		1		
CITY-ST-ZIP			2.4	CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE			LETE 3.11	MLE		☐ Change	Addition		
NAME			321	NAME					
STREET ADDRESS			3.3 \$	STREET ADDRESS	s		J		
CITY-ST-ZIP			34.	CITY-ST-ZIP					
TITLE		□ DE	LETE 4.1 T	ITLE		☐ Change	☐ Addition		
NAME			4. 2	NAME					
STREET ADDRESS			4.3 5	STREET ADDRESS	s				
CITY-ST-ZIP				CITY-ST-ZIP		- Channe	- C & ddition		
TITLE		□ DE		IIILE		Change	Addition		
NAME				NAME			Ì		
STREET ADDRESS				STREET ADDRESS	8				
CITY-\$T-ZIP		<u></u>		CITY-ST-ZIP			Addition		
TITLE		□ DE		TITLE		Change	☐ Addition		
NAME				NAME			-		
STREET ADDRESS			6.3	STREET ADDRESS	8	•			

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

305-271-2020