

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90043 030 ***150.00

DOCUMENT # P98000020138

1. Corporation Name
TECHNICAL SECURITY INC.

Principal Place of Business
801 MADRID ST
STE 108A
CORAL GABLES FL 33134

Mailing Address
801 MADRID ST
STE 108A
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1998

4. FEI Number
65-0824485

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **7175 SW 8th ST**

2a. Mailing Address

26 **7175 SW 8th ST**

Suite, Apt. #, etc.

22 **202**

Suite, Apt. #, etc.

27 **202**

City & State

23 **MIAMI, Florida**

City & State

28 **MIAMI, Florida**

Zip

24 **33144**

Country

25 **USA**

Zip

29 **33144**

Country

30 **USA**

9. Name and Address of Current Registered Agent

BATISTA, WILLIAN RAUL
801 MADRID ST
STE 108A
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BATISTA, WILLIAN RAUL**
STREET ADDRESS **801 MADRID ST, STE 108A**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **V** ☒ DELETE
NAME **SOLIS, CARLOS**
STREET ADDRESS **801 MADRID ST, STE 108A**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S** ☒ DELETE
NAME **SUAREZ, ARTURO**
STREET ADDRESS **801 MADRID ST, STE 108A**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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 **PDVP ST** ☒ Change ☐ Addition
1.2 NAME **Batista, William Raul**
1.3 STREET ADDRESS **7175 SW 8th ST - SUITE 202**
1.4 CITY-ST-ZIP **MIAMI, FL 33144**

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 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.

SIGNATURE: **K. WILLIAM BATISTA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

(305) 266-7774

Date

Daytime Phone #

CR2E034 (11/98)

0127167