FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2001 8:00 am Secretary of State DOCUMENT # p99000033300 1. Entity Name 04-10-2001 90016 009 ***150.00 CORPORATION SECURITY INTERNATIONAL, INC. Principal Place of Business Mailing Address 6908 N.W. 51ST 6908 N.W. 51 ST IMAIM FL 33166 MIAMI FL 33166 A044992 2. Principal Place of Business 3. Mailing Address 8065 WEST 26 COURT 19150 S.W. 29 COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIRAMAR FLORIDA HIALEAH 65~0943477 Not Applicable FLORIDA ^{Zip} 33016 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired MIAMI-DADE BROWARD 33029 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ORLANDO NOGUERA SALCEDO Street Address (P.O. Box Number is Not Acceptable) 6908 N.W. 51 ST 19150 SW 29 COURT MIAMI FL 33166 City 33029° 8. The above named entity submits Hijs statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida MOSIBENT SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 it Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. P/S/T TITLE 🔲 Delete TITLE Change Addition ORLANDO NOGUERA SALCEDO NAME NAME 6908 NW 51 ST STREET ADDRESS STREET ADDRESS 19150 SW 29 COURT CITY-ST-ZIP IMAIM 33166 CITY-ST-ZIP FLMIRAMAR FL 33029 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY-ST-7IP Change THE ☐ Delete TOUT. Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with the access, with all other like empowered.

PRESTONENT.

SIGNATURE: