

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90033 016 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S54125**

1. Corporation Name  
**ROLAND SECURITY ACADEMY, INC.**

## Principal Place of Business

814 PONCE DE LEON BLVD  
 SUITE 308  
 CORAL GABLES FL 33134  
 US

## Mailing Address

814 PONCE DE LEON BLVD  
 SUITE 308  
 CORAL GABLES FL 33134  
 US

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

05/20/1991

## 4. FEI Number

65-0265093

## 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

**ROLAND SECURITY ACADEMY INC (ACADEMY)**  
 814 PONCE DE LEON BLVD  
 STE 308  
 CORAL GABLES FL 33134

## 10. Name and Address of New Registered Agent

81 Name **NELIDA DE LA TORRE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**814 Ponce de Leon Blvd. Ste. 308**  
 83  
 84 City **Coral Gables, FL** 85 Zip Code **33134**

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

*Nelida de la Torre*

4/23/99

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	<b>PSTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DE LA TORRE, NELIDA</b>	
STREET ADDRESS	<b>16217 SW 72ND TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P-SEC.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DE LA TORRE, NELIDA</b>	
1.3 STREET ADDRESS	<b>814 Ponce de Leon Blvd. #308</b>	
1.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
2.1 TITLE	<b>VP - T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CORREA, LUIS DEL TRANSITO</b>	
2.3 STREET ADDRESS	<b>814 Ponce de Leon Blvd. #308</b>	
2.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Nelida de la Torre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1/98)