FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V21088** **(2)**

1. Corporation Name
UNITED STATES AVIATION SECURITY, INC.

Principal Place of Business	Mailing Address
5801 SW 125TH AVE MIAMI FL 33183	5801 SW 125TH AVE MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/12/1992	06/28/1994

2. Principal Place of Business	2a. Mailing Address
21 1157 S.W 5 ST	26 P.O. Box 560049
Suite, Apt. #, etc 22 MIAMI FL	Suite, Apt. #, etc 27
City & State 23	City & State 28 MIAMI, FL
Zip 24 33130 Country 25 USA	Zip 29 33256 Country 30 USA

4. FEI Number: 65-0325467 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RODRIGUEZ, HENRY 5801 SW 125TH AVE MIAMI FL 33183	01 Name: RODRIGUEZ, HENRY 02 Street Address (P.O. Box Number is Not Acceptable): 1157 S.W. 5 STREET 03 04 City: MIAMI FL 05 Zip Code: 33130

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	D.P ☒ Change ☐ Addition
NAME	RODRIGUEZ, HENRY	12 NAME	RODRIGUEZ, HENRY
STREET ADDRESS	5801 SW 125TH AVE	13 STREET ADDRESS	1157 S.W 5 ST.
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL 33130
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Henry Rodriguez 4/15/95 305 302-9094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

Q00000 CP