SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:55

DOCUMENT # **V26452** **(5)**

1. Corporation Name

LIGHTING WORLD, U.S.A., INC.

Principal Place of Business	Mailing Address
C/O JUAN F. GONZALEZ 3191 CORAL WAY, SUITE 1010 MIAMI FL 33145	C/O JUAN F. GONZALEZ 3191 CORAL WAY, SUITE 1010 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1992
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0346316 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. List Name of Agent, Officer, Director, Trustee or Controlling Entity ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GONZALEZ, JUAN F.
3191 CORAL WAY
SUITE 1010
MIAMI FL 33145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	AROIX, JUAN	12 NAME	
STREET ADDRESS	3191 CORAL WAY, # 1010	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	AROIX, JUAN	22 NAME	
STREET ADDRESS	3191 CORAL WAY, # 1010	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	AROIX, ALEIDA	32 NAME	
STREET ADDRESS	3191 CORAL WAY, # 1010	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	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	

CR2E034 (3/95)

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: Juan Aroix JUAN AROIX 6/09/95 (305) 225-5507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040112 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
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PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # V26510 (0)

1. Corporation Name

WATCH OUR SERVICE, INC.

Principal Place of Business

SEARS STORE AT INTRENATIONAL MALL
1625 N.W. 107TH AVENUE
MIAMI FL 33172

Mailing Address

SEARS STORE AT INTRENATIONAL MALL
1625 N.W. 107TH AVENUE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1992
3a. Date of Last Report: 06/01/1994
4. FEI Number: 65-0326655 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

DAVIS, RONALD L., P.A.
1550 N.E. MIAMI GARDENS DR.
SUITE 407
N MIAMI BEACH FL 33179

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, ROBIN LYNN
STREET ADDRESS	7931 N.W. 13TH ST.
CITY ST ZIP	PEMBROKE PINES, FL
TITLE	VPD
NAME	DAVIS, RONALD L
STREET ADDRESS	19920 N.E. 22ND CT.
CITY ST ZIP	NO. MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

CR2E034 (3/95)

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)(k), 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: Ronald Davis V.P 6/14/95 305-940-2352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050042 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
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PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 9 PM 2:05

DOCUMENT # V27032 (4)

1. Corporation Name

SOUTHERN SECURITY BANK CORPORATION

Principal Place of Business	Mailing Address
805 E. HILLSBORO SUITE #102 DEERFIELD BEACH FL 33441-3521 US	805 E HILLSBORO SUITE 102 DEERFIELD BCH FL 33441-1064 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1992
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc
23 City & State
24 Zip 25 County

2a. Mailing Address
26 CORPORATE OFFICES
27 POST OFFICE BOX 520
28 City & State: BOCA RATON, FL
29 Zip: 33429 30 County: USA

4. FEI Number: 65-0325364 ☐ 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MODDER, PHILIP C.
805 E. HILLSBORO
SUITE 102
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: WILSON JAMES L.
82 Street Address (P.O. Box Number is NOT acceptable): CORPORATE OFFICES
83: 805 EAST HILLSBORO BLVD #102
84 City: DEERFIELD BEACH, FL 85 Zip Code: 33441

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: JAMES L. WILSON, PRESIDENT SOUTHERN SECURITY BANK CORP. DATE: 6/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
TITLE	CSD	11 TITLE	☒ Change ☐ Addition
NAME	MODDDER, PHILIP C	12 NAME	
STREET ADDRESS	1135 SW 21ST ST	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	ZIP 33486
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	WILSON, JAMES L	22 NAME	
STREET ADDRESS	5224 MAJORCA CLUB DR	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	ZIP 33486
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	BUTLER, TIMOTHY S	32 NAME	
STREET ADDRESS	1900 NW 25TH ST	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	ZIP 33486
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	STRASSER, EUGENE J	42 NAME	
STREET ADDRESS	6770 NW 87TH AVE	43 STREET ADDRESS	
CITY ST ZIP	PARKLAND FL	44 CITY ST ZIP	ZIP 33071
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	D FRIEND, HAROLD C., MD
STREET ADDRESS		53 STREET ADDRESS	1500 N.W. 10TH AVE #105
CITY ST ZIP		54 CITY ST ZIP	BOCA RATON, FL 33486
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	D BUTLER, ROBERT DAVID, JR.
STREET ADDRESS		63 STREET ADDRESS	9424 S. DIXIE HIGHWAY #100
CITY ST ZIP		64 CITY ST ZIP	COCONUT GROVE, FL 33133

CR2E034 (3/95)

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 blank, if necessary.

SIGNATURE: JAMES L. WILSON, PRESIDENT SOUTHERN SECURITY BANK CORP. 6/1/95 305 421-3100

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

0000261 CP