FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:58

DOCUMENT # V34544 (9)

1. Corporate Name
BEACH SECURITY SERVICES, INC.

Principal Place of Business
9165 PARK DRIVE
SUITE 8
MIAMI SHORES FL 33138

Mailing Address
9165 PARK DRIVE
SUITE 8
MIAMI SHORES FL 33138

Do Not Write in This Space

3. Date of Last Report: 05/06/1992
3a. Date of Next Report: 07/21/1994

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

4. FEI Number: 65-0299585 — 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. Does corporation have any foreign or domestic parent corporation? Yes / No

9. Name and Address of Current Registered Agent
NERON, LOIC
9165 PARK DRIVE, #8
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of my position as registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	D
NAME	NERON, LOIC
STREET ADDRESS	9165 PARK DRIVE, SUITE 8
CITY, ST, ZIP	MIAMI SHORES FL
TYPE	D
NAME	SMITH, CHARLES I.
STREET ADDRESS	9165 PARK DRIVE, SUITE 8
CITY, ST, ZIP	MIAMI SHORES FL
TYPE	D
NAME	FUENTES, CARLOS
STREET ADDRESS	9165 PARK DRIVE, SUITE 8
CITY, ST, ZIP	MIAMI SHORES FL
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TYPE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Add
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NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this single, voluntarily formatted document does not conflict, to the undersigned stated in Section 607.0505, Florida Statutes. Further, I hereby 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 a director or officer 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 above, or on an attached amendment, or on other legal documents on file with the division of corporations.

SIGNATURE: CHARLES I SMITH 4-27-95 305 756 7778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIRECTOR

0146748 CP