

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.  
AMOUNT DUE ON OR BEFORE 8/19/94: \$229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

94 JUN 24 PM 1: 16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V44542 (1)**

1. Corporation Name  
**FIREARMS AND SECURITY TRAINING SCHOOLS OF FLORID  
A, INC.**

Mailing Address  
P.O. BOX 14-1156  
CORAL GABLES FL 33114

Principal Place of Business  
P.O. BOX 14-1156  
CORAL GABLES FL 33114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/17/1992</b>	3a. Date of Last Report <b>05/01/1993</b>
4. FEI Number <b>65-0340520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

If above addresses are incorrect in any way, file through incorrect information and enter correction below

2. Mailing Address 21	2a. Principal Place of Business 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

**FORMAN, TERRY J.  
1521 SW LEJUNE ROAD  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (SEE 11. Registered Agent Signature Required When Resignating)


12. OFFICERS AND DIRECTORS

1.1 TITLE	<b>P/D</b>
1.2 NAME	<b>GARCIA-CANTERO RAOUL</b>
1.3 STREET ADDRESS	<b>1714 SW 57TH AVENUE</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL</b>
2.1 TITLE	<b>S/T</b>
2.2 NAME	<b>GARCIA-CANTERO MARIO</b>
2.3 STREET ADDRESS	<b>1714 SW 57TH AVENUE</b>
2.4 CITY-ST-ZIP	<b>MIAMI FL</b>
3.1 TITLE	<b>A/S</b>
3.2 NAME	<b>FORMAN TERRY J</b>
3.3 STREET ADDRESS	<b>1521 SW LEJUNE ROAD</b>
3.4 CITY-ST-ZIP	<b>CORAL GABLES FL</b>
4.1 TITLE	<b>D</b>
4.2 NAME	<b>DEL PINO LUIS J</b>
4.3 STREET ADDRESS	<b>13851 SW 72ND AVENUE</b>
4.4 CITY-ST-ZIP	<b>MIAMI FL</b>
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 199.032(3)(b), 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:  **RAOUL GARCIA-CANTERO** 6-11-94 305-267-5499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR