

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 AM 10: 57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # V44542 (1)

1. Corporation Name
FIREARMS AND SECURITY TRAINING SCHOOLS OF FLORIDA, INC.

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

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

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

2a. Mailing Address
25
Suite, Apt. #, etc.
26
City & State
27
Zip
28
Country
29

3. Date Incorporated or Qualified
06/17/1992

3a. Date of Last Report
06/01/1994

4. FEI Number
65-0340520

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 R. 199.032, Florida Statutes Yes No

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
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 registering)

12. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	GARCIA-CANTERO, RAOUL
STREET ADDRESS	1714 SW 57TH AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	ST
NAME	GARCIA-CANTERO, MARIO
STREET ADDRESS	1714 SW 57TH AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	AS
NAME	FORMAN, TERRY J
STREET ADDRESS	1521 SW LEJUNE ROAD
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	DEL PINO, LUIS J
STREET ADDRESS	13851 SW 72ND AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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)(b), Florida Statutes. I further certify that the information indicated on the 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 checked, or as an attachment with an address.

SIGNATURE: *[Signature]* **4/27/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #