


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V61388 (7)  
1. Corporation Name  
S.A.F.E. SECURITY GROUP, INC.

Principal Place of Business	Mailing Address
525 NW 27 AVE SUITE 200 MIAMI FL 33125 US	525 NW 27 AVE SUITE 200 MIAMI FL 33125 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/02/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0369778 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MONNAR, ARMANDO PSY.D. 525 NW 27 AVE., SUITE 200 MIAMI FL 33125		81 Name Antonia Rodriguez 82 Street Address (P.O. Box Number is Not Acceptable) 525 NW 27 AVE #200 83 84 City Miami FL 85 Zip Code 33125	

11. Pursuant to the provisions of Sections 607.0509 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: *Antonio Rodriguez* DATE: 01-13-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONNAR, ARMANDO PSY.D.	1.2 NAME	ANTONIA RODRIGUEZ
STREET ADDRESS	525 NW 27 AVE., SUITE 200	1.3 STREET ADDRESS	525 NW 27 AVE #200
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	MIAMI FL 33125
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	DORCAS ROMAN	2.2 NAME	
STREET ADDRESS	6850 W. 14TH COURT, APT 27-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ANTONIA RODRIGUEZ	3.2 NAME	
STREET ADDRESS	8261 NW 8TH ST., APT. #222	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	HERNANDEZ, NAZAREO	4.2 NAME	
STREET ADDRESS	219 S.W. 10 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *Antonio Rodriguez* 01-13-98 (305) 644-3434

CR2E034 (10/97)