

RECEIVED BY
PORT EVERGLADES FRANCHISE APPLICATION

An application will not be deemed complete and ready for processing until all required documents and fees are received.

A separate application must be filed for each type of franchise applied for.

FRANCHISE TYPE

CHECK ONE

STEAMSHIP AGENT

STEVEDORE

CARGO HANDLER

TUGBOAT & TOWING

VESSEL BUNKERING

VESSEL OILY WASTE REMOVAL

VESSEL SANITARY WASTE WATER REMOVAL

MARINE TERMINAL SECURITY

MARINE TERMINAL SECURITY

FIREARMS CARRYING SECURITY PERSONNEL

NON-FIREARMS CARRYING SECURITY PERSONNEL

Note: Applicant is the legal entity applying for the franchise. If the Applicant is granted the franchise, it will be the named franchisee. All information contained in this application shall apply only to the Applicant, and not to any parent, affiliate, or subsidiary entities.

Applicant's Name

Homeland Patrol Corp.

(Name as it appears on the certificate of incorporation, charter, or other legal documentation as applicable, evidencing the legal formation of the Applicant)

Applicant's Business Address

820 E 41 St. Ste. 201 Hialeah, FL 33013

Phone #

(305) 691-9040

Number /

E-mail address

homelandpatrol@aol.com

Fax #:

(305) 691-7363

Name of the person authorized to bind the Applicant (Person's signature must appear on Page 13.)

Name

Mirtha Cordero

Title

President

Business Address

820 E 41 St. Ste 201. Hialeah, FL 33013

Phone #

(786) 693-3100

E-mail address

homelandpatrol@aol.com

Fax #:

(305) 691-7363

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed (if different from the person authorized to bind the Applicant):

Representative's Name

Representative's Title

Representative's Business Address

Representative's Phone # ()

Representative's E-mail address

Representative's Fax # ()

PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E...., SECTION A, B, C, etc.).

Section A

1. List the name(s) of Applicant's officers, including, CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

Officers:

Title President
First Name Mirtha Middle Name _____
Last Name Cordero
Business Street Address 820 E 41 St. Suite 201
City, State, Zip Code Hialeah, FL 33013
Phone Number (305) 691-9040 Fax Number (305) 691-7363
Email Address nomeliana@patrol @ 901.com

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number () _____ Fax Number () _____
Email Address _____ @ _____.

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number () _____ Fax Number () _____
Email Address _____ @ _____.

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number () _____ Fax Number () _____
Email Address _____ @ _____.

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.

Section B

1. Place checkmark to describe the Applicant:
() Sole Proprietorship (X) Corporation () Partnership () Joint Venture () Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

Section C

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)
Yes ___ No X If "Yes," please provide details in the space provided. Attach additional sheets if necessary.
2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?
Yes ___ No X If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.
3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?
Yes ___ No X If "Yes," please provide details in the space provided, including:
Prior officers, directors, executives, partners, shareholders, members
Name(s) _____
New officers, directors, executives, partners, shareholders, members
Name(s) _____
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

Section D

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other State agencies. If none, indicate "None" NONE.

Section E

1. Has the Applicant acquired another business entity within the last five (5) years?
Yes ___ No X If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
If none, indicate "None" NONE.

2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

3. Has the Applicant been acquired by another business entity within the last five (5) years?
Yes ___ No X If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
If none, indicate "None" NONE.

4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

Section F

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades.

Section G

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.

2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades.

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" None.

Seaport _____ Number of Years Operating at this Seaport _____

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client

Section I

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" None.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes No

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a) A description of the case style and docket number
- b) The nature of the charge or indictment
- c) Date of the charge or indictment
- d) Location of the court before which the proceeding is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed
- g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

Section J

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.porteverglades.net/development/tariff>.

Section K

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.

2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?

Yes ___ No X

If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:

- a) Date petition was filed or relief sought
- b) Title of case and docket number
- c) Name and address of court or agency
- d) Nature of judgment or relief
- e) Date entered

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?

Yes ___ No X

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?

Yes ___ No X

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

Section L

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference US CENTURY BANK Nature of Business BANK
Contact Name JOSE LIANOS Title BANK MANAGER
Legal Business Street Address 15503 NW 67 AVE
City, State, Zip Code MIAMI LAKES, FL 33014
Phone Number 305 231-3237

(Provide on a separate sheet.)

Section M

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.

2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?

Yes ___ No X

If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

Section N N/A

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number. N/A

2. Identify the type of fuel used for each piece of equipment.

3. Indicate which equipment, if any, is to be domiciled at Port Everglades.

4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?

Yes ___ No ___

If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

Section O Attached

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License).

Section P Attached

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. Provide a copy of Applicant's employee job training program/policy.
4. Provide information regarding frequency of training.
5. Include equipment operator certificates, if any.

Section Q

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?
Yes ___ No
2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?
Yes ___ No
3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?
Yes ___ No

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

4. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in the Port.

Section R Attached

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler and steamship agent), the written evidence must demonstrate Applicant's ability to attract and retain new business such that, Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time.

If you have checked an Applicant box for VESSEL BUNKERING, VESSEL OILY WASTE REMOVAL, VESSEL SANITARY WASTE WATER REMOVAL, OR MARINE TERMINAL SECURITY, the following additional information is required:

VESSEL BUNKERING

Section T- A Letter of Adequacy from the U.S. Coast Guard and a copy of the applicant's operations manual approved by the U.S. Coast Guard.

Section V- A copy of the applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

Section W- A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

Section Z- An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

VESSEL OILY WASTE REMOVAL

Section S - Certificate of Adequacy in compliance with the Directives of MARPOL 73/75 and 33 CFR 158, if applicable.

Section T- A Letter of Adequacy from the U.S. Coast Guard and a copy of the Applicant's operations manual approved by the U.S. Coast Guard.

Section U- A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

Section V- A copy of the Applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

Section W- A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

Section X- A Used Oil Collector, Transporter, and Recycler Certificate from the Florida Dept. of Environmental Protection.

Section Y- An Identification Certificate from the U.S. Environmental Protection Agency.

Section Z- An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the Applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

VESSEL SANITARY WASTE WATER REMOVAL

Section U- A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

Section Z1- A copy of the Applicant's operations manual.

Section Z2- A Septage Receiving Facility Waste Hauler Discharge Permit from the Broward County Water and Wastewater Services Operations Division.

MARINE TERMINAL SECURITY

Section N1- A list of all metal detection devices, walk-through and hand held, as well as all luggage and carryon x-ray machines owned or leased, to be used or domiciled at Port Everglades. Listing must include brand name and model.

Section N2- A copy of all manufacturers recommended service intervals and name of

company contracted to provide such services on all aforementioned equipment.

Section N3- A description of current method employed to assure all equipment is properly calibrated and functioning.

Section N4- current training requirements and training syllabus for employees operating x-ray equipment. Highlight emphasis on weapon and contraband identification.

Include equipment operator certificates, if any.

- **Section O1-** Provide copies of all local, state and federal licenses, including:

- **a.** A copy of the Applicant's State of Florida Business License.

- **b.** A copy of security agency's Manager's "M" or "MB" License and a copy of the security agency's "B" or "BB" License issued by the Florida Department of Agriculture and Consumer Services.

Section P3- SECURITY GUARDS / SUPERVISORS

- **a.** Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.

- **b.** Provide historic annual turnover ratio for security guards.

c. Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.

d. Provide background requirements, experience, licensing and any and all advanced training provided to supervisory personnel.

e. Provide present policy for individual communication devices either required of security guards or supplied by the employer.

f. Provide procurement criteria and source as well as Applicant's certification requirements for K-9 workforce.

g. Provide information on the number of security guards / supervisors currently employed or expected to be employed to provide security services at Port Everglades.

Supervisors	<u>3</u>
Class D Guards	<u>10</u>
Class G Guards	<u>0</u>
K-9 Handlers	<u>0</u>

Port Everglades Tariff 12

References to the Port Everglades Tariff 12 as amended or reissued: <http://www.porteverglades.net/development/tariff>

Application Fees

The following fees have been established for franchised businesses at Port Everglades. Initial processing fees are nonrefundable. A franchise is required for each category of business.

Stevedore

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00
Annual Fee
\$ 4,000.00

Cargo Handler

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00
Annual Fee
\$ 4,000.00

Steamship Agent

Initial processing fee, assignment fee, or reinstatement fee \$
4,000.00
Annual Fee
\$ 2,250.00

Tugboat and Towing

Initial processing fee, assignment fee, or reinstatement fee \$ 26,000.00
Annual Fee
By Contract

Vessel Bunkering, Vessel Oily Waste Removal,

Vessel Sanitary Waste Water Removal

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00
Annual Fee
\$ 2,250.00

For first-time franchise Applicants, both the initial application fee and the annual fee must be submitted at time of application. Thereafter, annual franchise fees are due and payable each year on the franchise anniversary date, which is defined as the effective date of the franchise.

Note: Check(s) should be made payable to:

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and be mailed with this application to:
Port Everglades Business Administration Division
1850 Eller Drive, Fort Lauderdale, FL 33316

Required Public Hearing

Staff review of this application will not commence until such time as all of the above requested information and documentation has been provided and the franchise application has been determined by staff to be complete. All of the above requested information and Sections are required to be completed prior to the scheduling of the public hearing. Staff will request that the Broward County Board of County Commissioners set a public hearing to consider the franchise application and hear comments from the public. The Applicant will be notified of the Public Hearing date and must plan to attend the Public Hearing.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct. Applicant understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) or to its officers, directors, senior management personnel, or business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County, including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted, and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore & Harbor Workers' Act, Jones Act Insurance, as required by federal law.

This application and all related records are subject to Chapter 119, F.S., the Florida Public Records Act.

By its execution of this application, Applicant acknowledges that it has read and understands the rules, regulations, terms and conditions of the franchise it is applying for as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended, and agrees, should the franchise be granted by Broward County, to be legally bound and governed by all such rules, regulations, terms and conditions of the franchise as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended.

The individual executing this application on behalf of the Applicant, personally warrants that s/he has the full legal authority to execute this application and legally bind the Applicant.

Signature of Applicant's Authorized Representative Mirtha E. Cordero Date Signed 1/18/19

Signature name and title - typed or printed Mirtha Cordero, President

Witness Signature (*Required*) Denise Diaz
Witness name-typed or printed Denise Diaz

Witness Signature (*Required*) [Signature]
Witness name-typed or printed MONSERRATE MALAVE

If a franchise is granted, all official notices/correspondence should be sent to:

Name Mirtha Cordero Title President

Address 7844 NW 200 St. Hialeah, FL 33015 Phone 786 693-3100

Mirtha Cordero

7844 NW 200 Street
Miami, Florida 33015
CELL: 786-693-3100

Certifications

- Notary Public
- Bachelor Business Administration Degree
- Associate in Arts Degree

Computer Skills

Microsoft Word, Excel, Outlook, QuickBooks

Education

FLORIDA INTERNATIONAL UNIVERSITY
11200 SW 8th Street
Miami, Florida 33199
(305) 348-2000
Bachelor Business Administration Degree
12/2000 –12/2004

MIAMI DADE COLLEGE
300 NE 2nd Avenue
Miami, Florida 33132
(305) 237-2000
Associate in Arts Degree
2000-2002

References

Dina Zavala
(305) 763-6537
Jeremy Compres
(786) 230-9346
Lorenzo Guzman
(305) 781-7353

Key Skills

- Bilingual(English/Spanish)
- Management
- Fast Learner / Self Motivated
- Multi Task /Working Under Pressure
- Spread Sheet/Booking
- Human Resources/Accounting
- Customer Service Skills
- Goal Oriented / Leader

Professional Experience

HOMELAND PATROL CORP.
820 EAST 41TH STREET

Manager of Operations/ Owner 12/2004 to Present
Hialeah, Florida 33013 (305) 691-9040

Experience Summary

- *13 yrs. experience in the corporate field. Operator, filing, scheduling appointments (business & personal), and working one-on-one with customers/clients (greeting customers/resolving their complaints/going beyond and above for them).*
- *13 yrs. in customer service working with the public. Able to communicated well, taking orders, handing complains, and resolving problems.*
- *13 yrs. working with data entry. Date entry using Excel, and QuickBooks. Creating invoices, , purchase orders, and proposals.*
- *13 yrs. experience in Accounting. Time cards and payroll for over 100 employees. Entry of bills, purchase orders, and employee data.*
- *13 yrs. experience in Human Resources. Performance management, employee relations, training, administration, and company taxes.*
- *14 yrs. QUALIFICATIONS Security Officer Instructor (2003 – present)*
- *14 yrs. QUALIFICATIONS Security Agency Manager (2003 – present)*

H04000187842 3

04 SEP 20 AM 8:47

ARTICLES OF INCORPORATION

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**OF
FEDERAL HOMELAND SECURITY INC**

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: FEDERAL HOMELAND SECURITY INC

The principal place of business of this corporation shall be:

820 E 41ST STREET SUITE #201 HIALEAH FL 33013-2463

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 @ \$1.00

FIVE HUNDRED @ \$1.00 PER VALUE

ARTICLE IV TERM OF EXISTANCE

This corporation is to exist perpetually.

H04000187842 3

H04000187842 3

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MIRTHA E. CORDERO, PRESIDENT
820 E 41ST STREET., SUITE #201
HIALEAH, FL 33013-2463

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MIRTHA E. CORDERO
820 E 41ST STREET., SUITE #201
HIALEAH, FL 33013-2463

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of incorporation this 17 day of September, 2004

Signature(s) of Incorporator(s)

H04000187842 3

Section B

HO4000187842 3

04 SEP 20 AM 8:47

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

FEDERAL HOMELAND SECURITY INC.

2. The name and address of the registered agent and office is:

MIRIHA E. CORDERO
820 E 41ST STREET SUITE #201
(P.O. BOX NOT ACCEPTABLE)
HALEAH FL 33013-2463
(CITY/STATE/ZIP)

SIGNATURE Mirha Elisa Cordero
(Corporate Officer)

TITLE PRESIDENT

DATE September 17, 2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE MIRIHA ELISA CORDERO
(Registered Agent)

HO4000187842 3

Division of Corporations

https://file.s.../sc.../covr.e

P04000131536

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000200994 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

RECEIVED

04 OCT -7 PM 3:56

DIVISION OF CORPORATIONS

BASIC AMENDMENT

FEDERAL HOMELAND SECURITY INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT -7 PM 4:30

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

10/7/04
NIC Amend
[Signature]

HO4000200994 3

FILED
04 OCT -7 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
FEDERAL HOMELAND SECURITY INC**

DOC. #P04000131536
present name

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE I: CORPORATION NAME CHANGE TO:
HOMELAND PATROL CORPORATION.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions of implementing the amendment if not contained in the amendment itself, are as follows:

HO4000200994 3

HO4000200994 3

THIRD: The date of each amendment's adoption: 10/7/2004

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for t amendment(s) was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vot separately on the amendment(s):

*"The number of votes cast for the amendment(s) was/were sufficien
for approval by _____
voting group*

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed thi 7 day of OCTOBER, 2004

Signature MIRTHA ELISA CORDERO
 (By the Chairman of the board of Directors, President or other officer if adopted
 by the shareholders)

OR
 (By a director if adopted by the directors)

OR
 (By an incorporator if adopted by the incorporators)

MIRTHA E. CORDERO/PRESIDENT
 Typed or printed name

Division of Corporations

P04000131536

https://eas.sum.org/scripts/...exe

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000187842 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

04 SEP 20 AM 8:47
RECEIVED
FLORIDA

To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : EAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

FEDERAL HOMELAND AND SECURITY INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

Y. Tall



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Profit Corporation

HOMELAND PATROL CORPORATION

Filing Information

Document Number P04000131536
FEI/EIN Number 20-1873894
Date Filed 09/20/2004
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 06/12/2014
Event Effective Date NONE

Principal Address

1549 NE 123 ST.
 N. MIAMI, FL 33161

Changed: 10/28/2013

Mailing Address

PO BOX 278077
 MIRAMAR, FL 33027

Changed: 10/28/2013

Registered Agent Name & Address

CORDERO, MIRTHA
 1549 NE 123RD ST
 NORTH MIAMI, FL 33161

Name Changed: 06/12/2014

Address Changed: 02/10/2006

Officer/Director Detail

Name & Address

Title P

CORDERO, MIRTHA E
 1549 NE 123RD ST
 NORTH MIAMI, FL 33161

Annual Reports

Report Year	Filed Date
2016	04/11/2016
2017	04/12/2017
2018	05/08/2018

Document Images

05/08/2018 -- ANNUAL REPORT	View image in PDF format
04/12/2017 -- ANNUAL REPORT	View image in PDF format
04/11/2016 -- ANNUAL REPORT	View image in PDF format
04/23/2015 -- ANNUAL REPORT	View image in PDF format
06/12/2014 -- Amendment	View image in PDF format
03/20/2014 -- ANNUAL REPORT	View image in PDF format
10/28/2013 -- Amendment	View image in PDF format
04/23/2013 -- ANNUAL REPORT	View image in PDF format
04/24/2012 -- ANNUAL REPORT	View image in PDF format
02/04/2011 -- ANNUAL REPORT	View image in PDF format
05/01/2010 -- ANNUAL REPORT	View image in PDF format
06/17/2009 -- ANNUAL REPORT	View image in PDF format
08/05/2008 -- ANNUAL REPORT	View image in PDF format
04/27/2007 -- ANNUAL REPORT	View image in PDF format
02/14/2006 -- Amendment	View image in PDF format
02/10/2006 -- Amendment	View image in PDF format
01/19/2006 -- ANNUAL REPORT	View image in PDF format
07/21/2005 -- ANNUAL REPORT	View image in PDF format
10/07/2004 -- Name Change	View image in PDF format
09/20/2004 -- Domestic Profit	View image in PDF format



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Profit Corporation
HOMELAND PATROL CORPORATION

Filing Information

Document Number	P04000131536
FEI/EIN Number	20-1873894
Date Filed	09/20/2004
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	06/12/2014
Event Effective Date	NONE

Principal Address

1549 NE 123 ST.
N. MIAMI, FL 33161

Changed: 10/28/2013

Mailing Address

PO BOX 278077
MIRAMAR, FL 33027

Changed: 10/28/2013

Registered Agent Name & Address

CORDERO, MIRTHA
1549 NE 123RD ST
NORTH MIAMI, FL 33161

Name Changed: 06/12/2014

Address Changed: 02/10/2006

Officer/Director Detail

Name & Address

Title P

CORDERO, MIRTHA E
1549 NE 123RD ST
NORTH MIAMI, FL 33161

Annual Reports

Report Year	Filed Date
2016	04/11/2016
2017	04/12/2017
2018	05/08/2018

Document Images

05/08/2018 -- ANNUAL REPORT	View image in PDF format
04/12/2017 -- ANNUAL REPORT	View image in PDF format
04/11/2016 -- ANNUAL REPORT	View image in PDF format
04/23/2015 -- ANNUAL REPORT	View image in PDF format
06/12/2014 -- Amendment	View image in PDF format
03/20/2014 -- ANNUAL REPORT	View image in PDF format
10/28/2013 -- Amendment	View image in PDF format
04/23/2013 -- ANNUAL REPORT	View image in PDF format
04/24/2012 -- ANNUAL REPORT	View image in PDF format
02/04/2011 -- ANNUAL REPORT	View image in PDF format
05/01/2010 -- ANNUAL REPORT	View image in PDF format
06/17/2009 -- ANNUAL REPORT	View image in PDF format
08/05/2008 -- ANNUAL REPORT	View image in PDF format
04/27/2007 -- ANNUAL REPORT	View image in PDF format
02/14/2006 -- Amendment	View image in PDF format
02/10/2006 -- Amendment	View image in PDF format
01/19/2006 -- ANNUAL REPORT	View image in PDF format
07/21/2005 -- ANNUAL REPORT	View image in PDF format
10/07/2004 -- Name Change	View image in PDF format
09/20/2004 -- Domestic Profit	View image in PDF format

We believe this program makes our Account Managers, Road Captains more capable to handle our employees and therefore able to supervise the work at your facility in a more effective and professional way.

HISTORY

Homeland Patrol, Inc was established in 1999, expanding operational activities throughout South Florida. Our integrated security services were a result of the need for more effective methods in crime prevention, loss control, and risk management. To meet these demands and the need for higher standards for security officers, we had to develop specialized training programs to assure our employees and security officers had the ability to make decisions and follow direction, thus creating a more flexible organization that can respond faster to our clients needs at any level they desire.

Combined Homeland Patrol has over 25 years of security management experience in a wide range of industries, and settings. From manufacturing plants, banks, airlines, truck industry, Class A office buildings, residential, hospitals, maritime. Homeland Patrol has protected our clients, their vendors, employees and visitors. All this experience has been transformed through the years into high industry standards to provide the best private security available. **BOTTOM LINE:** Our innovative integrated security system really work and time has proven that our processes and procedures have provided a safe working environment for employees and visitors, as well as the necessary levels of security to protect the assets of any corporation.

Following its commitment to protecting workplaces, homes, and communities Homeland Patrol has expanded its value-added security solutions to the South Florida arena. Homeland Patrol will continue to provide the most resources to support the recruiting, screening and training of the best security officers and employees.

In summary, we pledge to continue our tradition of doing whatever necessary to assure that private security meets its public responsibility and that our clients receive in a one-stop-shopping concept, not just the basic security, but also a wide range of services and the latest technology.

Augusto Cordero
7844 NW 200 Street Miami, Florida 33015
786-556-5442

Experience

Security Operations Manager

1985-2010

Managed, supervised, trained and inspected a member security team, as well as supplementary staff. Provided leadership for all incidents requiring security forces response. Served as administrator of all scheduling and training for department. Evaluated, edited and disseminated all shift-related correspondence including security forces blotters and incident reports. Coordinated prioritization of alarms and priority resources for security force incident responses. Ensured strict enforcement of local, state, and federal traffic laws during VIP visits.

Skills

- *Bilingual(English/Spanish)*
- *Management*
- *Multi Task /Working Under Pressure*
- *Human Resources/Accounting*
- *Customer Service Skills*
- *Goal Oriented / Leader*

References

Mirtha Cordero

786-693-3100

Page 4, s
Manag
Missin
Info 6
Harris
EXHIBIT 3
Page 28 of 85



HOMELAND PATROL CORP.

820 East 41 Street Suite# 201 Hialeah, FL 33013
TEL: 305-691-9040 FAX: 305-691-7363

Page 4, Section G 1 & 2 Managerial Employees

MIRTHA CORDERO

AUGUSTO CORDERO

PEDRO RODRIGUEZ

Mirtha Cordero

7844 NW 200 Street
Miami, Florida 33015
CELL: 786-693-3100

Certifications

- Notary Public
- Bachelor Business Administration Degree
- Associate in Arts Degree

Computer Skills

Microsoft Word, Excel,
Outlook, QuickBooks

Education

FLORIDA INTERNATIONAL
UNIVERSITY
11200 SW 8th Street
Miami, Florida 33199
(305) 348-2000
**Bachelor Business
Administration Degree**
12/2000 – 12/2004

MIAMI DADE COLLEGE
300 NE 2nd Avenue
Miami, Florida 33132
(305) 237-2000
Associate in Arts Degree
2000-2002

References

Dina Zavala
(305) 763-6537
Jeremy Compres
(786) 230-9346
Lorenzo Guzman
(305) 781-7353

Key Skills

- Bilingual(English/Spanish)
- Management
- Fast Learner / Self Motivated
- Multi Task /Working Under Pressure
- Spread Sheet/Booking
- Human Resources/Accounting
- Customer Service Skills
- Goal Oriented / Leader

Professional Experience

HOMELAND PATROL CORP.
820 EAST 41TH STREET

Manager of Operations/ Owner 12/2004 to Present
Hialeah, Florida 33013 (305) 691-9040

Experience Summary

- *13 yrs. experience in the corporate field. Operator, filing, scheduling appointments (business & personal), and working one-on-one with customers/clients (greeting customers/resolving their complaints/going beyond and above for them).*
- *13 yrs. in customer service working with the public. Able to communicated well, taking orders, handing complains, and resolving problems.*
- *13 yrs. working with data entry. Date entry using Excel, and QuickBooks. Creating invoices, , purchase orders, and proposals.*
- *13 yrs. experience in Accounting. Time cards and payroll for over 100 employees. Entry of bills, purchase orders, and employee data.*
- *13 yrs. experience in Human Resources. Performance management, employee relations, training, administration, and company taxes.*
- *14 yrs. QUALIFICATIONS Security Officer Instructor (2003 – present)*
- *14 yrs. QUALIFICATIONS Security Agency Manager (2003 – present)*

Pedro Rodriguez

9011 NW 162 Terrace Miami, Florida 33018

Cell: 786-439-7243

pedrorodriguez6161@icloud.com

Summary

Highly knowledgeable skilled and dedicated Director of Security with a solid track record of law enforcement and security related success. Professional expertise in personnel management comprehensive design planning and implementation of strategic security programs that provide operational excellence. Acknowledged for exceptional performance in process improvements change management and facilitation of multiple projects while ensuring compliance with the law. Demonstrated strength in the management of labor and non-labor funds that directly impact the financial stability of large scale operations.

Highlights

Security management	Safety protocols
Process improvements	Investigations
Compliance standards	Emergency management
Team building	Executive leadership

Experience

Chief Director of Security

12/1/2013 – Current

Homeland Patrol Corp.

Hialeah, Florida 33013

Oversee and provide direction for major security related projects and physical security technologies including but not limited to: various card key access systems alarm systems video surveillance systems security services IT and data security systems and various other related systems

- Participate and provide leadership on various committees councils and process improvement teams acting in an advisory capacity
- Interprets security laws regulations and contract requirements; directs subordinates in enforcing compliance; and maintains relationships with law enforcement regulatory agencies and other issuers of security requirements
- Designed established and maintained an organization structure and staffing to effectively accomplish goals and objectives; recruited employed trains supervised and evaluated staff
- Created and monitored the security department budget and annual long range Facilities Improvement budget planning cycle
- Observed security conditions and conduct ongoing analysis of data received from both external and internal sources and advise administration on appropriate risk mitigation strategies
- Provided college-wide leadership and direction in all areas of security loss control security best practices and security programs including strategic planning and campus-wide collaboration
- Teamed with college administration and department and external groups to effectively resolve security related issues

Education

Miami Aerospace Military Academy

Miami, Florida



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/13/18

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Amtrust Insurance Group 8100 SW 81 Drive, Ste 280 Miami, FL 33143 Phone (305)275-0810 Fax (305)275-0890	CONTACT NAME: Domingo Cano
	PHONE (A/C, No, Ext): (305)275-0810 FAX (A/C, No): (305)275-0890 E-MAIL ADDRESS: info@amtrustinsurance.net
INSURED Homeland Patrol Corp 820 E 41 St #201 Hialeah, FL 33013 (786) 693-3100	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Scottsdale Insurance Co
	INSURER B : Progressive American 24252-A+ XV
	INSURER C : Evanston Insurance Company
	INSURER D :
	INSURER E :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		3AA161423	02/18/2018	02/18/2019	EACH OCCURRENCE	\$ 1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
							MED EXP (Any one person)	\$ 5,000.00
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			01977536-3	12/12/2017	12/12/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XBS0080751	02/18/2018	02/18/2019	EACH OCCURRENCE	\$ 1,000,000.00
							AGGREGATE	\$ 1,000,000.00
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Unarmed Security Patrol Agency

CERTIFICATE HOLDER CANCELLATION

Broward County Port Everglade Department 1850 Eller Drive, Suite 603 Ft. Lauderdale, FL 33316 aosornobellme@broward.org	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/24/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Merchant Insurance Solutions 12326 Isabella Drive Bonita Springs FL 34135	CONTACT NAME: Staci Merchant PHONE (A/C, No, Ext): (239) 823-4382 FAX (A/C, No): (866) 406-4983 E-MAIL ADDRESS: smerchant@merchantinsurancesolutions.com
	INSURER(S) AFFORDING COVERAGE INSURER A : NORMANDY HARBOR INSURANCE COMPANY INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Homeland Patrol Corp 820 east 41 street suite 201 Hialeah FL 33013	NAIC # 13012

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	NHFL0047202019	01/19/2019	01/19/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*Goemagene Jyl
Risk Manager
1/24/2019*

CERTIFICATE HOLDER Broward County 1850 Eller Drive Ft. Lauderdale FL 33316	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

Section **G**

Form **1120**

U.S. Corporation Income Tax Return

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2015 or tax year beginning 9/01, 2015, ending 8/31, 2016

2015

Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

A Check if:		TYPE OR PRINT	HOMELAND PATROL CORPORATION HOMELAND PATROL 820 EAST 41st STREET201 HIALEAH, FL 33013	B Employer identification number	20-1873589
1 a Consolidated return (attach Form 851) <input type="checkbox"/>	C Date incorporated			9/20/2004	
b Life/nonlife consolidated return <input type="checkbox"/>	D Total assets (see instructions)			\$ 365,697.	
2 Personal holding co. (attach Sch. PH) <input type="checkbox"/>	E Check if:			(1) Initial return (2) Final return (3) Name change (4) Address change	
3 Personal service corp. (see instrs) <input type="checkbox"/>					
4 Schedule M-3 attached <input type="checkbox"/>					

INCOME	1 a Gross receipts or sales	1 a	2,562,527.
	b Returns and allowances	1 b	
	c Balance. Subtract line 1b from line 1a	1 c	2,562,527.
	2 Cost of goods sold (attach Form 1125-A)	2	1,274,939.
	3 Gross profit. Subtract line 2 from line 1c	3	1,287,588.
	4 Dividends (Schedule C, line 19)	4	
	5 Interest	5	
	6 Gross rents	6	
	7 Gross royalties	7	
	8 Capital gain net income (attach Schedule D (Form 1120))	8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10 Other income (see instructions - attach statement)	10		
11 Total income. Add lines 3 through 10	11	1,287,588.	
DEDUCTIONS	12 Compensation of officers (see instructions - attach Form 1125-E)	12	52,000.
	13 Salaries and wages (less employment credits)	13	227,464.
	14 Repairs and maintenance	14	12,706.
	15 Bad debts	15	
	16 Rents	16	21,889.
	17 Taxes and licenses	17	45,057.
	18 Interest	18	
	19 Charitable contributions	19	700.
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	
	21 Depletion	21	
	22 Advertising	22	7,743.
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24	
	25 Domestic production activities deduction (attach Form 8903)	25	
	26 Other deductions (attach statement) See Statement 1	26	884,459.
	27 Total deductions. Add lines 12 through 26	27	1,252,018.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	35,570.
TAXES AND REFUNDABLE	29 a Net operating loss deduction (see instructions)	29 a	
	b Special deductions (Schedule C, line 20)	29 b	
	c Add lines 29a and 29b	29 c	
30 Taxable income. Subtract line 29c from line 28 (see instructions)	30	35,570.	
31 Total tax (Schedule J, Part I, line 11)	31	5,336.	
32 Total payments and refundable credits (Schedule J, Part II, line 21)	32	0.	
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	33	17.	
34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	5,353.	
35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35		
36 Enter amount from line 35 you want: Credited to 2016 estimated tax. Refunded	36		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **President**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Print/Type preparer's name Paul Ronca **Preparer's signature** Paul Ronca **Date** _____ **Check if self-employed** **PTIN** P00539464

Firm's name PRONCA TAX PRACTITIONERS **Firm's EIN** 20-8321725

Firm's address 7850 NW 146th Street#513
Miami Lakes, FL 33016 **Phone no.** 305-824-0078

Schedule C Dividends and Special Deductions (see instructions)		(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)

Part I – Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>		
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2	5,336.
3	Alternative minimum tax (attach Form 4626)		3	
4	Add lines 2 and 3		4	5,336.
5a	Foreign tax credit (attach Form 1118)		5a	
	b Credit from Form 8834 (see instructions)		5b	
	c General business credit (attach Form 3800)		5c	
	d Credit for prior year minimum tax (attach Form 8827)		5d	
	e Bond credits from Form 8912		5e	
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	5,336.
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9a	Recapture of investment credit (attach Form 4255)		9a	
	b Recapture of low-income housing credit (attach Form 8611)		9b	
	c Interest due under the look-back method – completed long-term contracts (attach Form 8697)		9c	
	d Interest due under the look-back method – income forecast method (attach Form 8866)		9d	
	e Alternative tax on qualifying shipping activities (attach Form 8902)		9e	
	f Other (see instructions – attach statement)		9f	
10	Total. Add lines 9a through 9f		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	5,336.

Part II – Payments and Refundable Credits

12	2014 overpayment credited to 2015		12	
13	2015 estimated tax payments		13	
14	2015 refund applied for on Form 4466		14	
15	Combine lines 12, 13, and 14		15	0.
16	Tax deposited with Form 7004		16	
17	Withholding (see instructions)		17	
18	Total payments. Add lines 15, 16 and 17		18	0.
19	Refundable credits from:			
	a Form 2439		19a	
	b Form 4136		19b	
	c Form 8827, line 8c		19c	
	d Other (attach statement – see instructions)		19d	
20	Total credits. Add lines 19a through 19d		20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32		21	0.

Schedule K Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		Yes	No
2	See the instructions and enter the:			
	a Business activity code no. ▶ 812990			
	b Business activity ▶ SECURITY SERVICES			
	c Product or service ▶ SECURITY			
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter name and EIN of the parent corporation ▶			X
4	At the end of the tax year:			
	a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G)			X
	b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (attach Schedule G)	X		

Schedule K Other Information *continued* (see instructions)

<p>5 At the end of the tax year, did the corporation:</p> <p>a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions.</p> <p>If 'Yes,' complete (i) through (iv) below.</p>	Yes	No																												
	<input type="checkbox"/>	<input checked="" type="checkbox"/>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">(i) Name of Corporation</th> <th style="width:15%;">(ii) Employer Identification Number (if any)</th> <th style="width:15%;">(iii) Country of Incorporation</th> <th style="width:25%;">(iv) Percentage Owned in Voting Stock</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock																										
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock																											
<p>b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions.</p> <p>If 'Yes,' complete (i) through (iv) below.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">(i) Name of Entity</th> <th style="width:15%;">(ii) Employer Identification Number (if any)</th> <th style="width:15%;">(iii) Country of Organization</th> <th style="width:25%;">(iv) Maximum Percentage Owned in Profit, Loss, or Capital</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital																										
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital																											
<p>6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)</p> <p>If 'Yes,' file Form 5452, Corporate Report of Nondividend Distributions.</p> <p>If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																												
<p>7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?</p> <p>For rules of attribution, see section 318. If 'Yes,' enter:</p> <p>(i) Percentage owned ▶ _____ and (ii) Owner's country ▶ _____</p> <p>(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																												
<p>8 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/></p> <p>If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.</p>	<input type="checkbox"/>	<input type="checkbox"/>																												
<p>9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ None</p>	<input type="checkbox"/>	<input type="checkbox"/>																												
<p>10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ <u>2</u></p>	<input type="checkbox"/>	<input type="checkbox"/>																												
<p>11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/></p> <p>If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.</p>	<input type="checkbox"/>	<input type="checkbox"/>																												
<p>12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ _____ None</p>	<input type="checkbox"/>	<input type="checkbox"/>																												
<p>13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?</p> <p>If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$ _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																												
<p>14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?</p> <p>If 'Yes,' complete and attach Schedule UTP.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																												
<p>15 a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?</p> <p>b If 'Yes,' did or will the corporation file required Forms 1099?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																												
<p>16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																												
<p>17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																												
<p>18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																												

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash.....		87,456.		99,382.
2a	Trade notes and accounts receivable.....	52,560.		98,480.	
b	Less allowance for bad debts.....		52,560.		98,480.
3	Inventories.....				
4	U.S. government obligations.....				
5	Tax-exempt securities (see instructions).....				
6	Other current assets (attach statement).....				
7	Loans to shareholders.....				
8	Mortgage and real estate loans.....				
9	Other investments (attach statement).....				
10a	Buildings and other depreciable assets.....	118,891.		118,891.	
b	Less accumulated depreciation.....	23,778.	95,113.	47,556.	71,335.
11a	Depletable assets.....				
b	Less accumulated depletion.....				
12	Land (net of any amortization).....				
13a	Intangible assets (amortizable only).....				
b	Less accumulated amortization.....				
14	Other assets (attach statement)..... See St. 2.		36,500.		96,500.
15	Total assets.....		271,629.		365,697.
Liabilities and Shareholders' Equity					
16	Accounts payable.....		15,646.		18,746.
17	Mortgages, notes, bonds payable in less than 1 year.....				
18	Other current liabilities (attach stmt).....				
19	Loans from shareholders.....		40,000.		40,000.
20	Mortgages, notes, bonds payable in 1 year or more.....				
21	Other liabilities (attach statement).....				
22	Capital stock: a Preferred stock.....				
	b Common stock.....	6,500.	6,500.	6,500.	6,500.
23	Additional paid-in capital.....				
24	Retained earnings - Approp (att stmt) See St. 3.		126,701.		168,549.
25	Retained earnings - Unappropriated.....		82,782.		111,902.
26	Adjmt to shareholders' equity (att stmt).....				
27	Less cost of treasury stock.....				
28	Total liabilities and shareholders' equity.....		271,629.		345,697.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books.....	29,120.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books.....			Tax-exempt interest \$.....	
3	Excess of capital losses over capital gains.....				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation..... \$.....			a Depreciation.. \$.....	
b	Charitable contributions.. \$.....			b Charitable contribns \$.....	
c	Travel & entertainment .. \$..... 6,450.				
		6,450.	9	Add lines 7 and 8.....	0.
6	Add lines 1 through 5.....	35,570.	10	Income (page 1, line 28) - line 6 less line 9.....	35,570.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year.....	82,782.	5	Distributions..... a Cash.....	
2	Net income (loss) per books.....	29,120.		b Stock..... c Property.....	
3	Other increases (itemize):		6	Other decreases (itemize):	
4	Add lines 1, 2, and 3.....	111,902.	7	Add lines 5 and 6.....	
			8	Balance at end of year (line 4 less line 7).....	111,902.

Form **1125-A**

(Rev December 2012)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-2225

Name HOMELAND PATROL CORPORATION	Employer identification number 20-1873589
--	---

1	Inventory at beginning of year	1	
2	Purchases	2	22,618.
3	Cost of labor	3	1,252,321.
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	1,274,939.
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	1,274,939.

9 a Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation) ▶

b Check if there was a writedown of subnormal goods ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation Yes No

BAA For Paperwork Reduction Act Notice, see instructions.

Form 1125-A (Rev 12-2012)

SCHEDULE G
(Form 1120)
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Certain Persons Owning the
Corporation's Voting Stock**
▶ Attach to Form 1120.
▶ See instructions.

OMB No. 1545-0123

Name HOMELAND PATROL CORPORATION	Employer identification number (EIN) 20-1873589
--	---

Part I. Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a).
Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

Part II. Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4b).
Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
MIRTHA CORDERO	592-11-6797	United States	100.00%
MIRTHA CORDERO	592-11-6797	United States	100.00%

Form **1125-E**
(Rev December 2013)
Department of the Treasury
Internal Revenue Service

Compensation of Officers

► **Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.**
► **Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.**

OMB No. 1545-2225

Name HOMELAND PATROL CORPORATION	Employer identification number 20-1873589
--	---

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
	MIRTHA CORDERO	592-11-6797	000.00 %	100 %	100 %	52,000.
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
2	Total compensation of officers					52,000.
3	Compensation of officers claimed on Form 1125-A or elsewhere on return					
4	Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return.					52,000.

BAA For Paperwork Reduction Act Notice, see separate instructions. Form 1125-E (Rev 12-2013)

Form **2220**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

OMB No. 1545-0123

2015

Name: **HOMELAND PATROL CORPORATION** Employer identification number: **20-1873589**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	5,336.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method		
2c	Credit for federal tax paid on fuels (see instructions)		
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	5,336.
4	Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.	4	5,406.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	5,336.

Part II Reasons for Filing – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6 The corporation is using the adjusted seasonal installment method.
 7 The corporation is using the annualized income installment method.
 8 The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	12/15/15	2/15/16	5/15/16	8/15/16
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10	1,334.	1,334.	1,334.	1,334.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		1,334.	2,668.	4,002.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		1,334.	2,668.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	1,334.	1,334.	1,334.	1,334.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 – no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19	11/15/16	11/15/16	11/15/16
20 Number of days from due date of installment on line 9 to the date shown on line 19	20	336	274	184
21 Number of days on line 20 after 4/15/2015 and before 7/1/2015	21			
22 Underpayment on line 17 $\times \frac{\text{Number of days on line 21}}{365} \times 3\%$	22			
23 Number of days on line 20 after 6/30/2015 and before 10/1/2015	23			
24 Underpayment on line 17 $\times \frac{\text{Number of days on line 23}}{365} \times 3\%$	24			
25 Number of days on line 20 after 9/30/2015 and before 1/1/2016	25	16		
26 Underpayment on line 17 $\times \frac{\text{Number of days on line 25}}{365} \times 3\%$	26	1.75		
27 Number of days on line 20 after 12/31/2015 and before 4/1/2016	27	91	45	
28 Underpayment on line 17 $\times \frac{\text{Number of days on line 27}}{366} \times 3\%$	28	9.95	4.92	
29 Number of days on line 20 after 3/31/2016 and before 7/1/2016	29	91	91	46
30 Underpayment on line 17 $\times \frac{\text{Number of days on line 29}}{366} \times 0\%$	30			
31 Number of days on line 20 after 6/30/2016 and before 10/1/2016	31	92	92	92
32 Underpayment on line 17 $\times \frac{\text{Number of days on line 31}}{366} \times 0\%$	32			
33 Number of days on line 20 after 9/30/2016 and before 1/1/2017	33	46	46	46
34 Underpayment on line 17 $\times \frac{\text{Number of days on line 33}}{366} \times 0\%$	34			
35 Number of days on line 20 after 12/31/2016 and before 2/16/2017	35			
36 Underpayment on line 17 $\times \frac{\text{Number of days on line 35}}{365} \times \%$	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	11.70	4.92	
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38			17.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

2015

Federal Statements

Page 1

HOMELAND PATROL CORPORATION

20-1873589

Statement 1
Form 1120, Line 26
Other Deductions

Accounting.....	\$	3,600.
Auto and Truck.....		169,525.
Bank Charges.....		852.
Commissions.....		327,860.
COMPUTER&INTERNET.....		18,146.
CREDIT CARD SVC CHGS.....		10,591.
EDUCATION&TRAINING.....		7,356.
Insurance.....		25,221.
Meals and Entertainment.....		6,451.
MEDICAL EXPENSE.....		2,075.
Office Expense.....		18,801.
Outside Services.....		232,161.
Parking and Tolls.....		1,786.
PAYROLL PROCESSING.....		7,484.
Postage.....		1,087.
Printing.....		3,669.
Supplies.....		31,572.
Telephone.....		5,249.
Travel.....		1,671.
Uniforms.....		6,193.
Utilities.....		3,109.
	Total \$	<u>884,459.</u>

Statement 2
Form 1120, Schedule L, Line 14
Other Assets

	<u>Beginning</u>	<u>Ending</u>
.....	\$ 36,500.	\$ 96,500.
Total	<u>\$ 36,500.</u>	<u>\$ 96,500.</u>

Statement 3
Form 1120, Schedule L, Line 24
Retained Earnings - Appropriated

	<u>Beginning</u>	<u>Ending</u>
.....	\$ 126,701.	\$ 168,549.
Total	<u>\$ 126,701.</u>	<u>\$ 168,549.</u>



Florida Corporate Income/Franchise Tax Return

INTU

FEIN 20-1873589

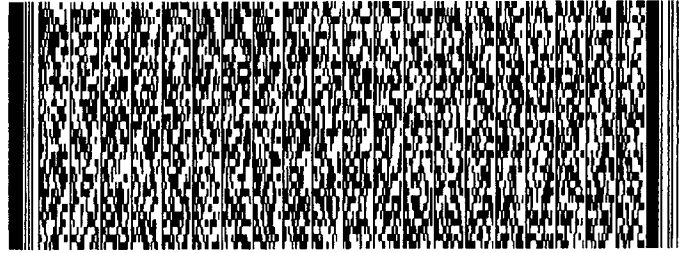
For calendar year 2015 or tax year beginning 9/01, 2015 ending 8/31/2016

F-1120, R. 01/16

Rule 12C-1.051
Florida Administrative Code
Effective 01/16

863102016083100020050378320187358900008

Name **HOMELAND PATROL CORPORATION**
Address
Address **820 EAST 41st STREET201**
City/State/ZIP **HIALEAH FL 33013**



Check here if any changes
have been made to name
or address

Computation of Florida Net Income Tax

1	Federal taxable income (see instructions) Attach pages 1 - 5 of federal return	1	35,570.
2	State income taxes deducted in computing federal taxable income (attach schedule).....	2	
3	Additions to federal taxable income (from Schedule I).....	3	
4	Total of Lines 1, 2 and 3.....	4	35,570.
5	Subtractions from federal taxable income (from Schedule II).....	5	
6	Adjusted federal income (Line 4 minus Line 5).....	6	35,570.
7	Florida portion of adjusted federal income (see instructions).....	7	35,570.
8	Nonbusiness income allocated to Florida (from Schedule R).....	8	
9	Florida exemption	9	35,570.
10	Florida net income (Line 7 plus Line 8 minus Line 9).....	10	0.
11	Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI).....	11	0.
12	Credits against the tax (from Schedule V).....	12	
13	Total corporate income/franchise tax due (Line 11 minus Line 12).....	13	
14a	Penalty: F-2220 _____ b Other _____		
c	Interest: F-2220 _____ d Other _____	Line 14 Total ▶	14
15	Total of Lines 13 and 14.....	15	
16	Payment credits: Estimated tax payments... 16a \$ _____		
	Tentative tax payment... 16b \$ _____	16	
17	Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19.....	17	
18	Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon...	18	
19	Refund: Enter amount of overpayment to be refunded here and on payment coupon.....	19	

Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 8/31/16

INTU

F-1120

To ensure proper credit to your account, enclose your check with tax return when mailing.

R. 01/16

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

FLCA0512L 01/20/16

Name **HOMELAND PATROL CORPORATION**
Address
Address **820 EAST 41st STREET201**
City/State/ZIP **HIALEAH FL 33013**

Check here if you transmitted funds electronically ▶

201873589	0	0	0
20150901	0	0	0
20160831	3557000	0	0
00000000	0	0	0
001	0	0	0
201	0	0	0
3557000	0	0	0
0	3557000	0	0



FEIN 20-1873589

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here ▶ Signature of officer (must be an original signature)		Date	Title ▶ President
Paid preparers only	Preparer's signature ▶ Paul Ronca	Date	Preparer check if self-employed <input checked="" type="checkbox"/> Preparer's PTIN ▶ P00539464
	Firm's name (or yours if self-employed) and address ▶ PRONCA TAX PRACTITIONERS 7850 NW 146th Street#513 Miami Lakes, FL		FEIN ▶ 20-8321725
			ZIP ▶ 33016

All Taxpayers Must Answer Questions A Through M Below -- See Instructions

<p>A State of incorporation: <u>FLORIDA</u></p> <p>B Florida Secretary of State document number: <u>P04000131536</u></p> <p>C Florida consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>D <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (final federal return filed)</p> <p>E Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) <input checked="" type="checkbox"/> General Rule <input type="checkbox"/> Election A <input type="checkbox"/> Election B</p> <p>F Principal Business Activity Code (as pertains to Florida) <u>812990</u></p> <p>G A Florida extension of time was timely filed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>H-1 Corporation is a member of a controlled group? ... YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, attach list.</p>	<p>H-2 Part of a federal consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, provide: FEIN from federal consolidated return: _____ Name of corporation: _____</p> <p>H-3 The federal common parent has sales, property, or payroll in Florida? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>I Location of corporate books: <u>820 EAST 41st STREET</u> City: <u>HIALEAH</u> State: <u>FL</u> ZIP: <u>33013</u></p> <p>J Taxpayer is a member of a Florida partnership or joint venture? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>K Enter date of latest IRS audit: _____ a List years examined: _____</p> <p>L Contact person concerning this return: <u>MIRTHA CORDERO</u> a Contact person telephone number: <u>305-792-8682</u> b Contact person e-mail address: <u>PRONCATAX@AOL.COM</u></p> <p>M Type of federal return filed <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120S or _____</p>
---	--

Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:
Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**



FEIN 20-1873589
DATA Page 1

201873589	0	0	0
3557000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



FEIN 20-1873589
DATA Page 2

201873589	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



INTU
F-1120
R. 01/16
Page 3

NAME HOMELAND PATROL CORPORATION FEIN 20-1873589 TAXABLE YEAR ENDING 8/31/16

Schedule I – Additions and/or Adjustments to Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1	Interest excluded from federal taxable income (see instructions).....	1	
2	Undistributed net long-term capital gains (see instructions).....	2	
3	Net operating loss deduction (attach schedule).....	3	
4	Net capital loss carryover (attach schedule).....	4	
5	Excess charitable contribution carryover (attach schedule).....	5	
6	Employee benefit plan contribution carryover (attach schedule).....	6	
7	Enterprise zone jobs credit (Florida Form F-1156Z).....	7	
8	Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z).....	8	
9	Guaranty association assessment(s) credit.....	9	
10	Rural and/or urban high crime area job tax credits.....	10	
11	State housing tax credit.....	11	
12	Credit for contributions to nonprofit scholarship funding organizations.....	12	
13	Renewable energy tax credits.....	13	
14	New markets tax credit.....	14	
15	Entertainment industry tax credit.....	15	
16	Credits for spaceflight projects.....	16	
17	Research and Development tax credit.....	17	
18	Energy Economic Zone tax credit.....	18	
19	Other additions (attach statement).....	19	
20	Total Lines 1 through 19 in Columns (a) and (b). Enter totals for each column on Line 20. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.....	20	

Schedule II – Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1	Gross foreign source income less attributable expenses a Enter Section 78, IRC income \$ _____ b plus Sec. 862, IRC dividends \$ _____ c less direct & indirect expenses \$ _____ Total ▶	1	
2	Gross subpart F income less attributable expenses a Enter Section 951, IRC subpart F income \$ _____ b less direct and indirect expenses \$ _____ Total ▶	2	
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.			
3	Florida net operating loss carryover deduction (see instructions).....	3	
4	Florida net capital loss carryover deduction (see instructions).....	4	
5	Florida excess charitable contribution carryover (see instructions).....	5	
6	Florida employee benefit plan contribution carryover (see instructions).....	6	
7	Nonbusiness income (from Schedule R, Line 3).....	7	
8	Eligible net income of an international banking facility (see instructions).....	8	
9	Section 179, IRC expense (see instructions).....	9	
10	Section 168(k), IRC special bonus depreciation (see instructions).....	10	
11	Other subtractions (attach statement).....	11	
12	Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.....	12	



NAME HOMELAND PATROL CORPORATION FEIN 20-1873589 TAXABLE YEAR ENDING 8/31/16

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col (a) ÷ Col (b) Rounded to 6 Decimals	(d)Weight If any factor in Column (b) is zero, see instructions.	(e) Weighted Factors Rounded to 6 Decimals
1 Property (Schedule III-B below)				x 25% or	=
2 Payroll				x 25% or	=
3 Sales (Schedule III-C below)				x 50% or	=
4 Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2					

III-B For use in computing average value of property (use original cost).

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a Beginning of year	b End of year	c Beginning of year	d End of year
1 Inventories of raw material, work in process, finished goods				
2 Buildings and other depreciable assets				
3 Land owned				
4 Other tangible and intangible (financial organizations only) assets (attach schedule)				
5 Total (Lines 1 through 4)				
6 Average value of property				
a Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)	6 a			
b Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)			6 b	
7 Rented property (8 times net annual rent)				
a Rented property in Florida	7 a			
b Rented property Everywhere			7 b	
8 Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).				
a Enter Lines 6a plus 7a and also enter on Sch III-A, Line 1, Col (a) for total avg prop in Florida	8 a			
b Enter Lines 6b plus 7b and also enter on Sch III-A, Line 1, Col (b) for total avg prop Everywhere			8 b	

III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1 Sales (gross receipts)		
2 Sales delivered or shipped to Florida purchasers		
3 Other gross receipts (rents, royalties, interest, etc. when applicable)		
4 TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b)).		

III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to 6 Decimals
1 Insurance companies (attach copy of Schedule T - Annual Report).			
2 Transportation services			

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1 Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Column (b))	1	1
2 Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column (c))	2	2
3 Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3	3
4 Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4	4
5 Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5	5
6 Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6	6
7 Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7	7
8 Total carryovers apportioned to Florida (add Lines 4 through 7)	8	8
9 Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9	9

NAME HOMELAND PATROL CORPORATION FEIN 20-1873589 TAXABLE YEAR ENDING 8/31/16

Schedule V – Credits Against the Corporate Income/Franchise Tax		
1	Florida health maintenance organization credit (attach assessment notice)	1
2	Capital investment tax credit (attach certification letter)	2
3	Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3
4	Community contribution tax credit (attach certification letter)	4
5	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5
6	Rural job tax credit (attach certification letter)	6
7	Urban high crime area job tax credit (attach certification letter)	7
8	Emergency excise tax (EET) credit (see instructions and attach schedule)	8
9	Hazardous waste facility tax credit	9
10	Florida alternative minimum tax (AMT) credit	10
11	Contaminated site rehabilitation tax credit (attach tax credit certificate)	11
12	State housing tax credit (attach certification letter)	12
13	Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13
14	Florida renewable energy technologies investment tax credit	14
15	Florida renewable energy production tax credit	15
16	New markets tax credit	16
17	Entertainment industry tax credit	17
18	Credits for spaceflight projects	18
19	Research and Development tax credit	19
20	Energy Economic Zone tax credit	20
21	Other credits (attach schedule)	21
22	Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12.	22

Schedule VI – Computation of Florida Alternative Minimum Tax (AMT)		
1	Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1
2	State income taxes deducted in computing federal taxable income (attach schedule)	2
3	Additions to federal taxable income (from Schedule I, Column (b))	3
4	Total of Lines 1 through 3	4
5	Subtractions from federal taxable income (from Schedule II, Column (b))	5
6	Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6
7	Florida portion of adjusted federal income (see instructions)	7
8	Nonbusiness income allocated to Florida (see instructions)	8
9	Florida exemption	9
10	Florida net income (Line 7 plus Line 8 minus Line 9)	10
11	Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11

NAME HOMELAND PATROL CORPORATION FEIN 20-1873589 TAXABLE YEAR ENDING 8/31/16

Schedule R – Nonbusiness Income

Line 1 Nonbusiness income (loss) allocated to Florida

Type	Amount
_____	_____
_____	_____
Total allocated to Florida	1 _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2 Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2 _____

Line 3 Total nonbusiness income

Grand total. Total of Lines 1 and 2	3 _____
(Enter here and on Schedule II, Line 7)	

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2016**

1 Florida income expected in taxable year	1	\$ _____
2 Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2	\$ _____
3 Estimated Florida net income (Line 1 less Line 2)	3	\$ _____
4 Total Estimated Florida tax (5.5% of Line 3)*		\$ _____
Less: Credits against the tax	4	\$ _____
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.		
5 Computation of installments:		
Payment due dates and	Last day of 4th month – Enter 0.25 of Line 4	5 a _____
payment amounts:	Last day of 6th month – Enter 0.25 of Line 4	5 b _____
	Last day of 9th month – Enter 0.25 of Line 4	5 c _____
	Last day of fiscal year – Enter 0.25 of Line 4	5 d _____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1 Amended estimated tax	1	\$ _____
2 Less:		
a Amount of overpayment from last year elected for credit to estimated tax and applied to date	2 a	\$ _____
b Payments made on estimated tax declaration (Florida Form F-1120ES)	2 b	\$ _____
c Total of Lines 2(a) and 2(b)	2 c	\$ _____
3 Unpaid balance (Line 1 less Line 2(c))	3	\$ _____
4 Amount to be paid (Line 3 divided by number of remaining installments)	4	\$ _____

FLCZ0201L 12/10/15

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

INTU
F-7004
R. 01/15

Rule 12C-1.051
Florida Administrative Code
Effective 01/15

Information for Filing Florida Form F-7004

F-7004
R. 01/15

When to file — File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

A If applicable, state the reason you need the extension:

To file online go to www.myflorida.com/dor

Penalties for failure to pay tax — If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

B Type of federal return filed: Form 1120

Contact person for questions: MIRTHA CORDERO

Telephone number: 305-792-8682

HOMELANDPATROL@AOL.COM

Signature — A person authorized by the taxpayer must sign Florida Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed — To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

Extension of Time Request		Florida Income/Franchise Tax Due	
1	Tentative amount of Florida tax for the taxable year	1	0.
2	LESS: Estimated tax payments for the taxable year	2	0.
3	Balance due — You must pay 100% of the tax tentatively determined due with this extension request	3	0.

Transfer the amount on Line 3 to **Tentative tax due** on reverse side.

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

Do Not Detach

FLCZ0201L 12/10/15

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

INTU
F-7004
R. 01/15

Name HOMELAND PATROL CORPORATION
Address _____
Address 820 EAST 41st STREET201
City/State/ZIP HIALEAH, FL 33013

FEIN 20-1873589
Taxable Year End 8/16
FILING STATUS Corporation Partnership _____
Check here if you transmitted funds electronically _____
Tentative Tax Due \$ 0.

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____ Date: _____

201873589	0	0	0
1	0	0	0
20160831	0	0	0
0	0	0	0
001	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

CREDIT REFERENCES

Name of Reference: Northern Tool + Equipment **Nature of Business:** Retail tool supply store

Contact Name: Accounting Department **Title:** Accounts Payable

Legal Business Street Address 3303 NW 167th Street

City, State, Zip Code Miami Gardens, Florida 33056

Phone Number (305) 621-5401

Name of References: Office Depot **Nature of Business:** Office supply retail store

Contact Name: Accounting Department **Title:** Accounts Payable

Legal Business Street Address 16000 NW 57th Avenue

City, State, Zip Code Miami Lakes, Florida 33014

Phone Number (305) 819-6321

Name of References: Lowes Home Improvement **Nature of Business:** Home improvement store

Contact Name: Accounting Department **Title:** Accounts Payable

Legal Business Street Address 17460 NW 57th Avenue

City, State, Zip Code Hialeah, Florida 33015

Phone Number (305) 556-4163

Does this count
for Int + Design



HOMELAND PATROL CORP.

820 East 41 Street Suite# 201 Hialeah, FL 33013
TEL: 305-691-9040 FAX: 305-691-7363

INDUSTRIAL COMMUNICATIONS
350 NW 215TH STREET
MIAMI, FLORIDA 33169

TWO WAY RADIOS

Our wide-area digital network offers:

- Wide area regional coverage (available in parts of MA, RI, NH, and FL)
- One low monthly fee for service
- Unlimited airtime
- True push-to-talk radio dispatch – no cell phone dialing required
- No infrastructure investment, sign up and start talking
- No FCC license required
- Seamless roaming throughout the network with no need to switch channels.
- One-to-many, one-to-one or private group conversations
- Smart alternative to cell phones
- Compliant with FMCSA regulations
- GPS integration to locate and track vehicles or assets (optional)
- Text messaging between radios (optional)
- Motorola WAVE smartphone integration for workers outside of radio coverage area (optional)

WIDE AREA COVERAGE YOU CAN RELY ON

Our Motorola MOTOTRBO™ Connect Plus digital radio network is built on the same reliable infrastructure as our trunked analog radio network, which, with its rugged infrastructure, has provided the most reliable two-way radio communications in New England and Florida.

- Owner operated and maintained infrastructure for over 25 years
- Maintain 99.999% or "Five 9s" uptime since launch
- Stock inventory for fast turnaround on equipment spares and replacements
- Provide 24 x 7 system support and monitoring of all sites
- Offer custom SLAs available for specific requirements
- Over-the-air software updates for radios without disrupting business activity.

A SCALABLE SOLUTION FOR ANALOG TO DIGITAL MIGRATION

MOTOTRBO radios can be configured to operate in analog mode if you are using a 900MHz analog trunking system, MOTOTRBO radios are scalable for future upgrade to digital. When you are ready, the radios can have a software upgrade to operate in digital. You can begin migrating one talk group or one department at a time to MOTOTRBO™ Connect Plus. By migrating at your own pace, the risk of a hard cutover is eliminated, significantly reducing the impact to your business. At the same time, you can spread the cost of new equipment as your budget allows.



HOMELAND PATROL CORP.

820 East 41 Street Suite# 201 Hialeah, FL 33013

TEL: 305-691-9040 FAX: 305-691-7363

Email : Homelandpatrol@aol.com

Mobile Communication Device and Services Policy

Homeland Patrol provides personal communication devices to employees who require them in order to fulfill their job requirements in one of three ways: 1) by issuing Homeland Patrol owned devices, 2) by providing a communication stipend, or 3) by reimbursing business calls for infrequent users.

Eligibility will be approved based on an employee's business need. General guidelines for eligibility include the following:

- Employee is required to be fully accessible, at any time of day, to the public, Homeland faculty, by telephone or electronically.
- Employee's job requires frequent travel to a remote location or significant time away from their post
- The employee has the need to receive or initiate communications in emergency situations

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT
115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

DBA:
Business Name: HOMELAND PATROL CORP

Receipt #: 329-289059
Business Type: ALL OTHERS (SECURITY GUARD AGENCY)

Owner Name: MIRTHA CORDERO
Business Location: 820 E 41 ST
MIAMI DADE COUNTY
Business Phone:

Business Opened: 02/13/2018
State/County/Cert/Reg: B2400220
Exemption Code:

Rooms Seats Employees Machines Professionals

3

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT
WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

MIRTHA CORDERO
PO BOX 278077
MIRAMAR, FL 33027

Receipt # 05A-17-00008987
Paid 07/10/2018 33.00

2018 - 2019

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT
115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

DBA:
Business Name: HOMELAND PATROL CORP

Receipt #: 329-289059
Business Type: ALL OTHERS (SECURITY GUARD AGENCY)

Owner Name: MIRTHA CORDERO
Business Location: 820 E 41 ST
MIAMI DADE COUNTY
Business Phone:

Business Opened: 02/13/2018
State/County/Cert/Reg: B2400220
Exemption Code:

Rooms Seats Employees Machines Professionals

3

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

Receipt # 05A-17-00008987
Paid 07/10/2018 33.00



HOMELAND PATROL CORP.

820 East 41 Street Suite# 201 Hialeah, FL 33013

TEL: 305-691-9040 FAX: 305-691-7363

TRAINING

Homeland Patrol provides each security officer with a three-phase approach to officer training. Our training program recognizes that certain principles and techniques such as those dealing with safety, observation, reporting, interpersonal relations and Homeland Patrol policies are the same regardless of where the person is assigned. On the other hand, individual job-sites have special situations which require additional specialized training. Homeland Patrol recognizes the importance of a comprehensive, pre-assignment training program for security officers and line supervisors.

The First Phase: training consists of general orientation given to all employees immediately after hire. We utilize the **Professional Security Television Network (PSTN) 4-part, modular training program** consisting of a series of videotaped programs and student handouts and test materials. The program includes instruction in company policies and procedures, techniques of observation, reporting (verbal and written), human relations and the basic role of the security officer. The general orientation is given in our local offices and consists of a four-hour integrated lecture/discussion and videotape program developed entirely by Homeland Patrol.

The Second Phase: of training is that portion specifically related to duties specified by **CARMEL FOREST HOMEOWNER ASSO.** Homeland Patrol will develop an on-site OJT program detailing initial training for all personnel assigned to your facility. Your Homeland Patrol Contract Manager will work closely with you in developing this program to **CARMEL FOREST HOMEOWNER ASSO.** specifications. Included will be an examination measuring the specific site knowledge of each security officer. Additional training will be provided to any person who does not demonstrate the ability to successfully perform all job functions. We will conduct a **"Job Duties Survey"** to analyze the needs of each post and prepare training and Post Instructions as necessary.

Homeland Patrol Security Services will draft a complete set of job instructions. As mentioned Homeland Patrol will work very closely with you so that you are pleased with Post Orders that Homeland Patrol drafts to your attention. Upon completion and final approval from you, we will issue them to the Site Supervisor and train all personnel assigned to your site. The Site Supervisor will review the instructions with each officer, teach them the requirements and then continuously coach them to refine their performance. We will keep the post instructions up to

date with your operations. Homeland Patrol will provide with a complete edition and copy you on all changes and supplements.

3-PHASE TRAINING
ORIENTATION & BASIC SECURITY OFFICER FUNCTIONS
1) CARMEL FOREST HOMEOWNER ASSO.
2) MONTHLY TRAINING MEETINGS
3) ADVANCED TRAINING FOR ACCOUNT MANAGERS

The Third Phase: of security training is an on-going program designed to reach all

This program utilizes a number of resources including our company newsletter, videos, handouts, and lesson programs. Local office management administers third phase training. This hour long training will be conducted monthly to keep the officers skills current. We will send you a letter, fax, or e-mail advising you of the training and what topics are going to be covered. Should you not be able to attend we will send a letter, fax, or e-mail stating the completed training and what the results where. This effort is a service to reduce your ability that a client assumes by contracting services. PSTN produces monthly video, (20-30) minutes, called **PROFORCE**. This monthly video will assist us in following up training. Each firm requires the completion of a quiz and each officer is given a work sheet to retain for future reference.

TOPICS THAT ARE COVERED AS REFRESHER TRAINING:

- 1) Basic Aspects of Civil Liability**
- 2) Public Relations and Positive Attitude**
- 3) Basic First Aid**
- 4) Emergency Procedures**
- 5) Patrolling Techniques**
- 6) Observation Techniques/Report Writing**
- 7) Policies and Procedures Refresher**
- 8) Fire Prevention/Suppression**
- 9) Ethics and Professional Conduct**
- 10) Emergency Procedures**

These topics can be argument at any time with additional subjects or can be modified to meet a particular training objective.

Advanced Supervisor Training

Training of the security officer is very important, yet there is another area that is more often than not overlooked, the Account Manager. Account Managers that are unaware of company goals, the philosophy of the company and our objectives cannot be contributing to them. In addition we believe that many of the problems that are never resolved should be handled at the line supervisor level.

As part of the regular training schedule the Account Manager will be included in our bi-annual training curriculum. In addition to the regular classes offered to the security officer, Account Managers receive an additional advanced instruction.

Some of these subjects simply offer a different point view (management) and outline added responsibility. Some of these topics that are covered are

- 1) Bomb Threats-Explosive Awareness**
- 2) Arrest Policies & Procedures**
- 3) Criminal Law**
- 4) Supervision Techniques**
- 5) Handling Combative or Potentially Violent Employees**
- 6) Counseling as a Motivational Tool**
- 7) Termination Methods**
- 8) Workmen's Compensation & Other Methods**
- 9) Weapons Awareness-Visual Search**
- 10) Sexual Harassment**
- 11) Report Writing**

We believe this program makes our Account Managers, Road Captains more capable to handle our employees and therefore able to supervise the work at your facility in a more effective and professional way.

DRUG FREE WORKPLACE

HOMELAND PATROL CORP. intends to help provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of XYZ Corporation, Inc.

The Company explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Company or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from the Company or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the Company or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of the company or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

The Company will conduct drug and/or alcohol testing under any of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug and/or alcohol testing at any interval determined by the Company.
- **FOR-CAUSE TESTING:** The Company may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, or if an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.



HOMELAND PATROL CORP.

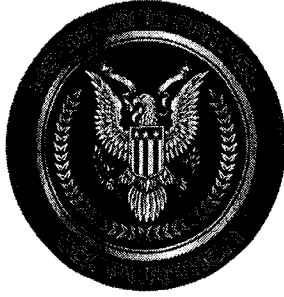
820 East 41 Street Suite# 201 Hialeah, FL 33013

TEL: 305-691-9040 FAX: 305-691-7363

Email : Homelandpatrol@aol.com

Security Guard Job Requirements:

- MUST have previous condominium security experience
- Must possess a valid State of Florida Class D Unarmed Security Officer License
- Must have the ability to deliver exceptional customer service
- Must be able to clearly communicate in English. Spanish not required, but a plus
- Minimum High School Diploma / GED Equivalent
- Must be a minimum 18 years of age
- Well-groomed and capable of performing all physical requirements
- Pass an extensive background check (criminal record, driving record, drug testing, unemployment/workers compensation claims, etc.)



HOMELAND PATROL CORP.

820 East 41 Street Suite# 201 Hialeah, FL 33013

TEL: 305-691-9040 FAX: 305-691-7363

Email : Homelandpatrol@aol.com

Turn Over Ratio for Security Guards: 10/100



HOMELAND PATROL CORP.

820 East 41 Street Suite# 201 Hialeah, FL 33013

TEL: 305-691-9040 FAX: 305-691-7363

Email : Homelandpatrol@aol.com

Security Guard Supervisor Job Requirements:

- MUST have previous security supervisory experience
- Must possess a valid State of Florida Class D Unarmed Security Officer License (classes offered)
- Must have the ability to deliver exceptional customer service
- Must be able to clearly communicate in English. Spanish not required, but a plus
- Minimum High School Diploma / GED Equivalent
- Must be a minimum 25 years of age
- Well-groomed and capable of performing all physical requirements
- Pass an extensive background check (criminal record, driving record, drug testing, unemployment/workers compensation claims, etc.)

Section
Safety

Page 9, Section P 3 a, b, d & e
EXHIBIT 3
Security Guards
Page 64 of 85
Supervisors



HOMELAND PATROL CORP.

820 East 41 Street Suite# 201 Hialeah, FL 33013
TEL: 305-691-9040 FAX: 305-691-7363

PERSONNEL RECRUITMENT & SELECTION OF EMPLOYEES

Homeland Patrol is an Equal Employment Opportunity (EEO) employer. All personnel actions including recruitment, selection, promotion, and discipline are made without regard to race color, religion, sex, national origin, veteran status, or special abilities. We comply with all applicable laws, Executive Orders, and Regulations regarding nondiscrimination in employment. Our affirmative action program is available for inspection. The Site Supervisor will be responsible for ensuring that company policies are followed in regards to EEO under direct supervision.

Homeland Patrol utilizes a number of different resources for the recruitment of personnel, including newspaper advertisements and job listings with various offices of state employment agencies. Additional recruitment is done at various military facilities and educational institutions with the South Florida area. Certain public/private community groups and churches also provide recruitment support.

Multi-Phase Recruiting
Provides Homeland Patrol with the top
of the South Florida Labor Market
Military Installations
Miami Employment Services
Local Employment Services
Churches
Colleges
Direct Recruitment
Newspapers
Networking
Flyers
South Florida Work-Force

Applicants for positions are given an application to complete. The applicant is asked to list prior employment, military service, and education. Other questions deal with personal references, criminal

convictions, previous addresses, and license and motor vehicles information. Applicants must complete the application in their own handwriting.

Once the form is completed, the applicant must verify identify by showing a valid driver license or another form of identification. The applicant is then given a preliminary interview. Each person interviewing is knowledgeable in our general employment criteria and in the specific criteria used to evaluate personnel for placement.

Interviews of all applicants are conducted by Homeland Patrol trained staff. The data on the application is verified and analyzed.

The applicant's prior employment, education, military background, special training, and any information that may indicate desirable traits are evaluated. Periods of unemployment must be thoroughly explained. Errors or unusual entries must be corrected or an explanation provided. The interviewer concurrently evaluates the applicant to determine characteristics such as maturity, honesty, dependability, job suitability, etc. These are then correlated with the specifications established for the position and a determination is made as to overall suitability.

Applicants who successfully pass the preliminary interview phase are then issued two separate packages. The first is a company designed handbook and test. **The Handbook (Team Homeland Patrol)** contains material directly related to the duties of a security officer employed with Homeland Patrol. The associated test of 50 questions covers only information in the booklet and deals with questions of general content including safety information, reporting and communication procedures, appearance, etc. Any person who fails to achieve a score of 80% and after tutoring, a final score of 100% on the Handbook test is disqualified

The second test is Powers to Arrest: This is a 35 question test based on a self-paced booklet outlining the duties of a security officer, legal authority, arrest criteria, basic laws concerning misdemeanors, felonies, and other crimes. They must pass with an initial score of 70% and attain a 100% percent score after tutoring. This test permits an evaluation of the applicant's basic understanding of the security field and assists in determining how much specialized training will be required. Failure to attain a 100% after tutoring or a failure to understand basic concepts outlined in the material disqualifies the applicant.

Although the applicant is in a pre-employment phase-we believe that an unwillingness to submit to a drug screen indicates a potential problem and disqualifies the applicant. A positive test also disqualifies the applicant. Upon the completion of the drug screen the applicants must, at that time, return the completed local police check form. Homeland Patrol's Drug and Alcohol Policy outlines the Company policy to the perspective

HOMELAND PATROL IS A DRUG FREE EMPLOYER-

At the completion of this phase of the selection process, we have a very good indication of the applicant's character and ability to comprehend verbal and written instructions. We also have a very

accurate indication of the person's ability to communicate verbally and in writing. Only the persons who demonstrate satisfactory comprehension and communication skills will be considered for assignment.

While the screening process is being conducted, telephone inquiries are made to previous employers and character references. Former military personnel must also show documentation of prior military service (DD-214). This process is conducted once the drug screen, local police checks are returned. Once the satisfactory verification is made of all relevant data, a second interview may be scheduled to resolve any questions that surfaced during the background process. If no clarifications are required a conditional offer of employment is made.

Before the final selection is made, each applicant is given a company medical history questionnaire, and employment eligibility verification form (I-9), Sexual Harassment Policy, and a final interview. The employment eligibility verification and medical history questionnaire must be completed prior to the final interview. The interviewer surveys all phases of the selection process and discusses each with potential applicant during the final interview. It is during this phase that successful applicants are given job offers.

Once the conditional offer of employment is offered a criminal background check is initiated for the entire State of Florida using an on-line service (DAC). The return check is usually available the following day. Homeland Patrol does not hire persons with felony convictions. Most misdemeanors also disqualify an applicant for employment.

CRIMINAL HISTORY CHECKS

A

MULTI-PHASE APPROACH

Local records check provided by the Applicant (County or City Police)

State wide check conducted by DAC Services

Verify applicant provided information

Suitability determination

Homeland Patrol does not hire persons with Felony Convictions (Most Misdemeanors)

The employee's completed file is available for you to review. Management has the right to reject any candidate you do not feel qualified to work at your facility. Our goal is to take every step necessary to maintain a harmonious security force and relationship. We also recognize any security officers currently working on the facility that management would like Homeland Patrol to retain. This is the prime reason we have outlined the flexible pricing program. We will offer current officers employment, provided they can meet our qualifications as outlined above. Current officers are required to complete Homeland Patrol orientation and any basic site-specific training that is deemed necessary.

EMPLOYEE RETENTION

Turnover of personnel with the contract security industry is a significant matter of concern to clients and suppliers alike. Homeland Patrol has endeavored to reduce turnover to an absolute minimum by implementing programs and wages that are attractive to security officers.

A cursory look at the number of employees hired each year by Homeland Patrol compared to the number of employees on the rolls at any one time indicates that they are roughly equal. This could be interpreted to mean that the turnover rate for the company is 100%. This figure is grossly misleading. A substantial number of employees are hired each year to fill vacation relief and to provide for sporadic increases in coverage caused by client labor disputes, seasonal fluctuations in work, and temporary contracts.

Homeland Patrol has an active program of employing college students, military personnel, and other persons who knowingly will not remain with the company for more than several months. These individuals are generally very good employees who meet specific needs with the company.

A more accurate way to gauge employee retention is to analyze the makeup of the company's employees by length of service. Currently, 50% of all Homeland Patrol employees have been with us for more than two years or more. 20% of our employees have been with us for more than three years and slightly more than 10% of all employees have been employed by us for more than five years. We are particularly proud of these statistics in light of our tremendous growth the past few years. This analysis shows that there is a substantial pool of personnel who do remain employed year in year out.

<p>TURNOVER Of Concern to All Parties 50% over two year's employment 15% more than three years of service 10% in excess of five years Experience 3% more than 10 years of Supervisor Service</p>



Search County Government

Home | County Commission | **Doing Business** | Visiting

ENVIROS

Enforcement Action Advanced Search

Search | Reset

No information was found matching your selection criteria. Please try again.

Enforcement Action Number:

House Number: To:

Street:
Direction Street Name Street Type Suite

City: Zip:

Section: Township: Range:

Respondent: **Homeland Patrol Corporation**

[Help on this page](#)

Screen ID: 23473



- Contact Us
- Comments and Suggestions
- Report a Complaint
- Site Map

- Broward.org
- Terms of Use
- Subscribe

Stay Connected





Florida Department of Environmental Protection

Hazardous Waste Facilities Search Results

Selection Criteria for This Handler Search:

EPAID: % ; Name: **HOMELAND PATROL CORPORATION** % ; Address: % ; City: % ; County: %

For Facility Data Links:

Activities -- provides a list of RCRA compliance activities and violations.

Mapping in GIS -- this opens a **[NEW IMPROVED]** GIS mapping tool focused on the facility.

Documents -- this provides a list of electronic documents available online.

Error Reporting -- send us feedback to address data errors.

County Verification -- County or RPC verification of Facility and Waste for this site.

For a Generator Status History:

click on the **Status**. - **NOT** indicates a facility is a Non-Notifier and may not have been issued the associated EPAID - **Check with DEP before using that EPAID!**

[Legend of Status Types](#)

EPA ID	Name	County	Address	Contact	Status	As of	Data Links
Search has retrieved 0 Facilities							

Legend of Status Types:

- LQG - Large Quantity Generator
- SQG - Small Quantity Generator
- CES - Conditionally Exempt Small Quantity Generator
- UOT - Used Oil Transporter
- TRA - Hazardous Waste Transporter
- TSD - Treatment/Storage/Disposal Facility
- CLO - Closed
- NHR - Non-Handler of Hazardous Waste



OSHA English | Spanish

Find it in OSHA



A TO Z INDEX

[ABOUT OSHA](#) ▾ [WORKERS](#) ▾ [EMPLOYERS](#) ▾ [REGULATIONS](#) ▾ [ENFORCEMENT](#) ▾ [TOPICS](#) ▾ [NEWS & PUBLICATIONS](#) ▾ [DATA](#) ▾ [TRAINING](#) ▾

Establishment Search

Reflects inspection data through 01/25/2019

This page enables the user to search for OSHA enforcement inspections by the name of the establishment. Information may also be obtained for a specified inspection or inspections within a specified SIC.

Note: Please read important information below regarding interpreting search results before using.

Search By:

Your search did not return any results.

Establishment

Homeland Patrol Corporation

(This box can also be used to search for a State Activity Number for the following states: NC, SC, KY, IN, OR and WA)

State

All States

Fed & State

OSHA Office

All Offices

Site Zip Code

Case Status

All Closed Open

Violation Status

All With Violations Without Violations

Inspection Date

Start Date

January

1

2014

End Date

January

31

2019

Submit

Reset

Can't find it?

[Wildcard use %](#)

[Basic Establishment Search Instructions](#)

[Advanced Search Syntax](#)

NOTE TO USERS

The Integrated Management Information System (IMIS) was designed as an information resource for in-house use by OSHA staff and management, and by state agencies which carry out federally-approved OSHA programs. Access to this OSHA work product is being afforded via the Internet for the use of members of the public who wish to track OSHA interventions at particular work sites or to perform statistical analyses of OSHA enforcement activity. It is critical that users of the data understand several aspects of the system in order to accurately use the information.

The source of the information in the IMIS is the local federal or state office in the geographical area where the activity occurred. Information is entered as events occur in the course of agency activities. Until cases are closed, IMIS entries concerning specific OSHA inspections are subject to continuous correction and updating, particularly with regard to citation items, which are subject to modification by amended citations, settlement agreements, or as a result of contest proceedings. THE USER SHOULD ALSO BE AWARE THAT DIFFERENT COMPANIES MAY HAVE SIMILAR NAMES AND CLOSE ATTENTION TO THE ADDRESS MAY BE NECESSARY TO AVOID MISINTERPRETATION.

The Integrated Management Information System (IMIS) is designed and administered as a management tool for OSHA to help it direct its resources. When IMIS is put to new or different uses, the data should be verified by reference to the case file and confirmed by the appropriate federal or state office. Employers or employees who believe a particular IMIS entry to be inaccurate, incomplete or out-of-date are encouraged to contact the OSHA field office or state plan agency which originated the entry.

UNITED STATES
DEPARTMENT OF LABOR

Occupational Safety and Health Administration
200 Constitution Ave NW
Washington, DC 20210
☎ 800-321-6742 (OSHA)
TTY
www.OSHA.gov

FEDERAL GOVERNMENT

White House
Disaster Recovery Assistance
USA.gov
No Fear Act Data
U.S. Office of Special Counsel

OCCUPATIONAL SAFETY AND HEALTH

Frequently Asked Questions
A - Z Index
Freedom of Information Act
Read the OSHA Newsletter
Subscribe to the OSHA Newsletter
OSHA Publications
Office of Inspector General

ABOUT THE SITE

Freedom of Information Act
Privacy & Security Statement
Disclaimers
Important Website Notices
Plug-Ins Used by DOL
Accessibility Statement

From: efoia@uscg.mil
To: [Osorno-Belleme, Angela](#)
Subject: RE: Your Freedom of Information Act (FOIA)/Privacy Act (PA) 2019-CGFO-00756
Date: Tuesday, January 22, 2019 1:16:21 PM
Attachments: [Non-DoD Source Freedom of Information Act Request1.msg](#)

Ms. Osorno-Belleme,

This acknowledges receipt of your January 22, 2019, Freedom of Information Act (FOIA) request to the U.S. Coast Guard (USCG). Your request was received on January 22, 2019 and has been assigned FOIA[PA] number 2019-CGFO-00756.

We have queried the appropriate component of the USCG for responsive records. If any responsive records are located, they will be reviewed for determination of releasability. Please be assured that one of the processors in our office will respond to your request as expeditiously as possible. We appreciate your patience as we proceed with your request.

Please note that due to a lapse in federal funding a delay in processing will occur.

You may check the status of your request by entering FOIA[PA] request number 2019-CGFO-00756 into the following site: <http://www.dhs.gov/foia-status>. Request status is updated and refreshed on a nightly basis electronically.

You may contact this office via telephone at 202-475-3522 or via email at EFOIA@uscg.mil if you have any further questions.

Sincerely,

U.S. Coast Guard
FOIA/PA Office

Environment Commitment Statement

Through our commitment to protection, maintenance and environmental enhancement, we affirm to all our employees and the public that we will work collaboratively to bring sustainable, market-driven and innovative solutions to solve some of the world's biggest challenges, making lives better, safer, and healthier for people everywhere. We will implement those strategies that build successful businesses and achieve the greatest benefit with respect and care for the environment without compromising the ability of future generations to meet their needs.

We will continuously analyze and improve our practices and processes to reduce their risk and impact throughout the life cycle. We will develop new processes that have increasing margins of safety for both human health and the environment. Seeking opportunities to make our new and existing facilities inherently safer.

Always improving and strengthen our business by making maintenance, protection, and environment enhancements issues an integral part of all business activities and by continuously striving to align our business with public expectations.



HOMELAND PATROL CORP.

820 East 41 Street Suite# 201 Hialeah, FL 33013

TEL: 305-691-9040 FAX: 305-691-7363

Email : Homelandpatrol@aol.com

Port Everglades lies at the heart of tourism and enterprise in South Florida. As a South Florida based security company, Homeland Patrol Corporation understands the significance of the path Port Everglades has paved in commerce. Security is a business requirement. We have the ability to provide both the logistical and security support required to successfully maintain the daily business activities at Port Everglades. Our competitive advantage boils down to three factors: experience, resources and reputation. All guards stationed at Port Everglades have at least four years of experience within the security industry. Our rigorous training program ensures that all guards are prepared for any circumstances that may arise. We also provide our clients with industry leading security resources such as access control, surveillance tools and emergency response teams. Homeland Patrol also has an established reputation for outstanding customer support. Our references speak to our commitment to the satisfaction of our clients. Port Everglades stands as a global paradigm for industry, Homeland Patrol Corporation will work unrelentingly to ensure its continued success.

<u>Name of Client</u>	<u>Years of Service</u>
Hialeah Housing Authority	2012-PRESENT
Seacor	2017-PRESENT
City of Opa-Locka	2013- PRESENT
Sofitel Hotel (Currently Pullman Hotel)	2008-PRESENT

Homeland Patrol has over 25 years of combined security experience. Mirtha Cordero, president, founded the company in 2004 and has 13 years

experience as well as a Bachelors Degree.

Augusto Cordero, manager of operations, has 15 years of experience in the security industry and has many acquired many licenses and training in this

field such as Florida Licensed Security Manager, Licensed security instructor and Private Investigator.

Homeland Patrol provides each security officer with a three-phase approach to officer training. Our training program recognizes that certain principles and techniques such as those dealing with safety, observation, reporting, interpersonal relations and Homeland Patrol policies are the same regardless of where the person is assigned. Individual job-sites also have unique needs which require additional specialized training, as is the case with Port Everglades. Homeland Patrol recognizes the importance of comprehensive, pre-assignment training program for security officers that addresses the requirements in 33 CFR 105.210 for facility personnel with security duties.

The First Phase: training consists of general orientation given to all employees immediately after hire. We utilize the Professional Security Television Network (PSTN) 4-part, modular training program consisting of a series of videotaped programs and student handouts and test materials. The program includes instruction in company policies and procedures, techniques of observation, reporting (verbal and written), human relations and the basic role of the security officer. The general orientation is given in our local offices and consists of a four-hour integrated lecture/discussion and videotape program developed entirely by Homeland Patrol. Officers selected to service Port Everglades enter the TWIC application process, if they do not already possess a TWIC card.

The Second Phase: of training is that portion specifically related to duties at Port Everglades. Homeland Patrol will develop an on-site OJT program detailing initial training for all personnel assigned to your facility. Your Homeland Patrol Contract Manager will work closely with you in developing this program

to The City of Opa-Locka specifications. Included will be an examination measuring the specific site knowledge of each security officer. Additional training will be provided to any person who does not demonstrate the ability to successfully perform all job functions. We will conduct a "Job Duties Survey" to analyze the needs of each post and prepare training and Post Instructions as necessary. 33 CFR 105.210 requirements and maritime security matters are covered using the following training guidelines:

Current security threats and patterns

Summarizes threats to the maritime transportation industry, such as:

- Piracy and Armed Attacks
- Terrorism
- Contraband Smuggling
- Stowaways and Refugees
- Cargo Theft
- Collateral Damage

Vessel and port operations and conditions

Characterizes the intermodal nature of transportation and the interfaces between vessels and other modes

Maritime Security Policy

Familiarity with relevant international conventions, codes, and recommendations

Summarizes previous efforts of IMO toward maritime security, such as MSC/Circ.443, SUA Act, etc.

Summarizes the rapidity with which IMO acted to enhance maritime security following 9/11

Summarizes the amendments to SOLAS Chapter XI and the contents of the ISPS Code

Familiarity with relevant government legislation and regulations

Summarizes the requirements of relevant national legislation and regulations.

Handling sensitive security-related information and communications

Defines security-sensitive information and the importance of keeping it confidential

Contracting governments

Summarizes the responsibilities of contracting governments with respect to SOLAS Chapter XI-2 and the ISPS Code

Recognized Security Organizations

surveys the role of the Recognized Security Organization

The Company

summarizes the responsibilities of the company with respect to:

- ensuring Master has documents on board relating to the crewing of the vessel and its employment
- ensuring that the Vessel Security Plan contains a clear statement emphasizing the master's authority

designating a Company Security Officer and a Vessel Security officer and ensuring that they are given the necessary support to fulfil their duties and responsibilities

The Vessel

States that the vessel shall comply with the requirements of the Vessel Security Plan as per the security level set

The Facility

States that facilities shall comply with the relevant requirements of the Maritime Transportation Security Act of 2002 and/or Chapter XI-2 of SOLAS 74 as amended and/or the IMO ISPS Code and/or U.S. Coast Guard regulations contained in 33 CFR Chapter 1 Subchapter H

States that the facility shall act upon the security levels set by the Administration

Vessel Security Officer

States that the company shall designate a Vessel Security Officer for each vessel

Lists the duties and responsibilities of the Vessel Security Officer

Company Security Officer

States that the company shall designate a Company Security Officer and describes that the person designated as Company Security Officer may act as Company Security Officer for one or more vessels provided that it is clearly identified for which vessels he is responsible .

Indicates that the company may designate several persons as Company Security Officer provided that it is clearly identified for which vessels each is responsible

lists the duties and responsibilities of the Company Security Officer

Facility Security Officer

states that the Facility Security Officer shall be designated for each facility

states that a person may be designated as the Facility Security Officer for one or more facilities

lists the duties and responsibilities of the Facility Security Officer

Vessel personnel with specific security duties

States that members of the vessel's crew other than the VSO may be assigned security duties in support of the Vessel Security Plan

Facility personnel with specific security duties

States that facility personnel other than the FSO may be assigned security duties in support of the Facility Security Plan

Other personnel

States that other vessel and facility personnel may have a role in the enhancement of maritime security

States that personnel other than vessel or facility personnel may have a role in the enhancement of maritime security

Vessel Security Assessment

Assessment tools :

discusses the use of checklists in conducting security assessments

On-scene security surveys

lists the preparations required prior to an on-scene survey

lists the procedures and measures and operations to be evaluated during an on-scene survey

discusses the security aspects of vessel layout

Divides the survey into the following sections:

Physical Security of Vessel

Structural Integrity

Personnel Protection Systems

Procedural Policies

Radio and Telecommunication Systems

Other Areas

discusses the importance and elements of physical security aboard vessels

describes the significance of structural integrity for vessels and other structures

discusses the components and operations of systems to protect vessel personnel

states the role of proper procedures in preventing and mitigating security incidents

describes the use of information technology and communications systems in vessel operations and in maintaining security

identifies other areas that may, if damaged or used for illicit observation, pose a risk to persons, property, or operations aboard the vessel or within a port facility

discusses the identification of vulnerabilities in the above areas and the preparation of countermeasures to address them

states the importance of having in place emergency plans to deal with contingencies

Security Equipment

Security equipment and systems

-demonstrates familiarity with the various types of security equipment and systems that can be used aboard vessels and in facilities

Operational limitations of security equipment and systems

-explains the limitations of individual items of equipment and security systems

Testing, calibration and maintenance of security equipment and systems

-describes the testing, calibration and maintenance requirements for the above security equipment and systems

Threat Identification, Recognition, and Response

Recognition and detection of weapons, dangerous substances and devices

-summarizes the various types of weapons, dangerous substances and devices, the damage they can cause, and their appearance

Methods of physical searches and non-intrusive inspections

-demonstrates how to carry out physical searches and non-intrusive inspections.

Execution and coordination of searches:

1 summarizes how important it is to plan a search and practice carrying out searches as a drill.

2 summarizes how to plan a search using a system of check cards

- 3 summarizes the equipment the search team should carry for conducting a search
- 4 summarizes the procedures to be followed for an efficient search
- 5 summarizes the various places of concealment on board a vessel

Recognition, on a non-discriminatory basis, of persons posing potential security risks

- describes the general characteristics and behavioural patterns of persons who are likely to threaten security
- states how important it is to be observant to recognize such persons

Techniques used to circumvent security measures

- summarizes the techniques that may be used to circumvent security measures

Crowd management and control techniques

- summarizes the basic psychology of a crowd in a crisis situation
- summarizes the importance of clear communication with crew and passengers during an emergency

Vessel Security Actions

- Actions required by different security levels
- states the three security levels and the actions required for each level.

Maintaining security of the vessel/port interface

- lists the reporting requirements for vessels prior to entering port

Familiarity with the Declaration of Security

- explains the Declaration of Security and what it addresses.

Execution of security procedures

- states the requirements for the Vessel Security Officer to carry out regular security inspections
- lists the security measures and procedures at the three security levels required to:

- ensure the performance of all vessel security duties
- control access to the vessel
- control the embarkation of persons and their effects
- monitor restricted areas to ensure only authorized persons have access
- monitor deck areas and areas surrounding the vessel
- coordinate the security aspects of the handling of cargo and vessel stores; and
- ensure that security communication is readily available

Emergency Preparedness, Drills, and Exercises

Execution of contingency plans

discusses action to take in case of a breach of security

discusses contingency plans for:

- hijacking
- bomb threat

- unidentified objects / explosives on vessel
- damage to / destruction of facility
- piracy and other depredations
- stowaways

Security drills and exercises

states the requirements for conducting drills and exercises

Security Administration

Documentation and records

- states the documents that shall be available on board at all times
- states the activities for which records shall be kept on board and the duration for which they should be retained.

Homeland Patrol Security Services will draft a complete set of job instructions. As mentioned Homeland Patrol will work very closely with you so that you are pleased with Post Orders that Homeland Patrol drafts to your attention. Upon completion and final approval from you, we will issue them to the Site Supervisor and train all personnel assigned to your site. The Site Supervisor will review the instructions with each officer, teach them the requirements and then continuously coach them to refine their performance. We will keep the post instructions up to date with your operations. Homeland Patrol will provide you with a complete edition and copy you on all changes and supplements.

The Third Phase: security training is an on-going program. This program utilizes a number of resources including our company videos, handouts, and lesson programs. Local office management administers third phase training. This hour long training will be conducted monthly to keep the officers skills current. We will send you a letter, fax, or e-mail advising you of the training and what topics are going to be covered. Should you not be able to attend we will send a letter, fax, or e-mail stating the completed training and what the results were. PSTN produces monthly video, (20-30) minutes, called PROFORCE. This monthly video will assist us in following up training. Each firm requires the completion of a quiz and each officer is given a work sheet to retain for future reference.

TOPICS THAT ARE COVERED AS REFRESHER TRAINING:

Basic Aspects of Civil Liability
Public Relations and Positive Attitude
Basic First Aid
Emergency Procedures
Patrolling Techniques
Observation Techniques/Report Writing
Policies and Procedures Refresher
Fire Prevention/Suppression
Ethics and Professional Conduct
Emergency Procedures

Section 5

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

**ADAM H. PUTNAM
COMMISSIONER**

DIVISION OF LICENSING

08/08/16
DATE ISSUED

12/07/19
DATE OF EXPIRATION

B 2400220
LICENSE NUMBER

HOMELAND PATROL CORPORATION

820 EAST 41ST STREET
SUITE 201
HIALEAH, FL 33013

CORDERO, MIRTHA E., PRESIDENT

No
Equip
stat
15

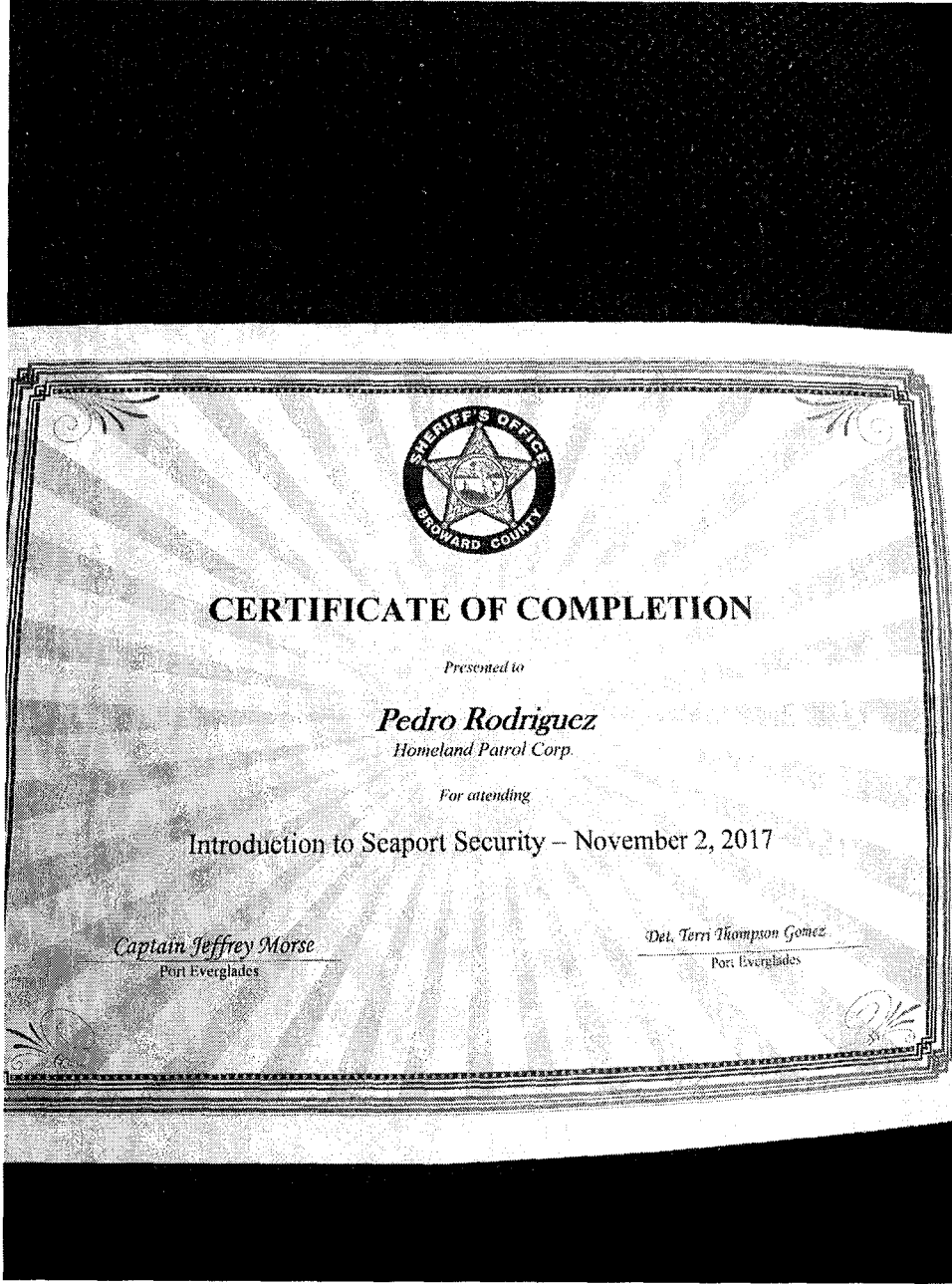
THE *SECURITY AGENCY* NAMED ABOVE IS LICENSED AND REGULATED UNDER THE PROVISIONS OF
CHAPTER 493, FLORIDA STATUTES.



**ADAM H. PUTNAM
COMMISSIONER**

SECTION J





CERTIFICATE OF COMPLETION

Presented to

Pedro Rodriguez
Homeland Patrol Corp.

For attending

Introduction to Seaport Security – November 2, 2017

Captain Jeffrey Morse
Port Everglades

Det. Terri Thompson Gomez
Port Everglades



CERTIFICATE OF COMPLETION

Presented to

Jeremy Compres
Homeland Patrol Corp.

For attending

Introduction to Seaport Security – November 2, 2017

Captain Jeffrey Morse
Port Everglades

Det. Terri Thompson Gomez
Port Everglades

