

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 31 AM 10:00

**DOCUMENT # K60454 (1)**

1. Corporation Name  
**ELECTRONIC ALARMS, INC.**

Principal Place of Business      Mailing Address  
12319 S.W. 133RD CT.      12319 S.W. 133RD CT.  
MIAMI FL 33186-6434      MIAMI FL 33186-6434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/24/1989**      **04/29/1994**

|                                |  |                         |  |  |  |   |  |
|--------------------------------|--|-------------------------|--|--|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address     |  | 4. FEI Number  |  | Applied For   |  |
| 21                             |  | 26                      |  | 65-0261190   |  | Not Applicable  |  |
| 22. Suite, Apt. #, etc.        |  | 27. Suite, Apt. #, etc. |  | 5. Certificate of Status Desired                       |  | \$8.75 Additional Fee Required  |  |
| 23. City & State               |  | 28. City & State        |  | 6. Election Campaign Financing Trust Fund Contribution |  | \$5.00 May Be Added to Fees   |  |
| 24. Zip                        |  | 25. Country             |  | 29. Zip  |  | 30. Country   |  |
|                                |  |                         |  |  |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                  |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| LOPEZ-AGUIAR, HENRY A.<br>3445 N.W. 7TH STREET<br>MIAMI FL 33125 |  |  |  | B1 Name   |  |  |  |
|  |  |  |  | B2 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | B3  |  |  |  |
|  |  |  |  | B4 City   |  |  |  |
|  |  |  |  | FL  |  |  |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | D                    | 1.1 TITLE   | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | LIMA, JOSE           | 1.2 NAME  | MIGUEL MATA   |
| STREET ADDRESS             | 12319 S.W. 133RD CT. | 1.3 STREET ADDRESS                                    | 7924 W 30 LN  |
| CITY-ST-ZIP                | MIAMI FL             | 1.4 CITY-ST-ZIP                                       | HIALEAH, FL 33016   |
| TITLE                      |                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                      | 2.2 NAME  |   |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                      | 3.2 NAME  |   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Miguel Mata      **MIGUEL MATA**      01/25/95      (305) 235-7440  
Signature and Typed or Printed Name of Signing Officer or Director