FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:27

DOCUMENT # L16410 (7)

1. Corporation Name
CARIBE INFLATABLES, U.S.A., INC.

Principal Place of Business:
C/O IRA B PRICE
9130 S DADELAND BLVD #1705
MIAMI FL 33156

Mailing Address:
C/O IRA B PRICE
9130 S DADELAND BLVD #1705
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1989
3a. Date of Last Report: 02/01/1994
4. FEI Number: 65-0123350 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.023, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

9. **Name and Address of Current Registered Agent**

PRICE, IRA B., ESQ.
9130 S DADELAND BLVD
SUITE 1705
MIAMI FL 33156

10. **Name and Address of New Registered Agent**

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

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

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	D'ADDEZIO, BRUNO
STREET ADDRESS	4444 SW 71ST AVE, #107
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	FOSSATI, DOMENICO
STREET ADDRESS	4444 SW 71ST AVE., #107
CITY-ST-ZIP	MIAMI FL
TITLE	PDS
NAME	FOSSATI, PAULETTE DOZIER
STREET ADDRESS	4444 SW 71ST AVE, #107
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D/VP	[X] Change [ ] Addition
NAME	D'Addezio, Bruno	
STREET ADDRESS	14372 SW 139th Ct. #7	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	D/VP	[ ] Change [ ] Addition
NAME	Fossati, Domenico	
STREET ADDRESS	14372 SW 139th Ct. #7	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	P/D/S	[ ] Change [ ] Addition
NAME	Fossati, Paulette Dozier	
STREET ADDRESS	14372 SW 139th Ct. #7	
CITY-ST-ZIP	Miami, FL 33186	

REMITTED BY

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(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Paulette Dozier Fossati 3/24/95 (305)253-4822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0106668 CP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
... 1:28
... FLORIDA

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-07/25/95--01109--015
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L17282 (9)

1. Corporation Name
AMERICAN ALARMS, INC

Principal Place of Business	Mailing Address
99 NW 183 STREET, ST 207 MIAMI FL 33169	99 NW 183 STREET, ST 207 MIAMI FL 33169

3. Date Incorporated or Qualified: 09/19/1989
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0142140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAWICKI, HOLLY 99 N. W. 183 STREET MIAMI FL 33169	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City — FL — 85 Zip Code

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

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	SAWICKI, HOLLY	NAME	
STREET ADDRESS	99 NW 183 ST, #207	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	DV	TITLE	☐ Change ☐ Addition
NAME	SAWICKI, MAXIMO	NAME	
STREET ADDRESS	99 NW 183 ST, #207	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/19/95 305-653-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430315 FP