

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L17714** (1)

1. Corporation Name  
**EAGLE SECURITY ALARMS SYSTEMS, INC.**



Principal Place of Business: **% JOSE ANGEL VILLALBA 920 ALBERCA CORAL GABLES FL 33134**  
Mailing Address: **% JOSE ANGEL VILLALBA 920 ALBERCA CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **09/22/1989**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 13860 S.W. 9TH TERR**  
22 State, Apt. #, etc.:  
23 City & State: **MIAMI - FL**  
24 Zip: **33184** 25 Country: **U.S.A.**  
26 Mailing Address: **26 13860 S.W. 9TH TERR**  
27 State, Apt. #, etc.:  
28 City & State: **MIAMI - FL**  
29 Zip: **33184** 30 Country: **U.S.A.**

4. FEI Number: **65-0145338** 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. 199.03? Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **VILLALBA, JOSE ANGEL 920 ALBERCA CORAL GABLES FL 33134**  
10. Name and Address of New Registered Agent:  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable): **13860 S.W. 9TH TERR.**  
83  
84 City: **MIAMI** FL 85 Zip Code: **33184**

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 (if not the filer) (if not the filer) (if not the filer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>VILLALBA, JOSE ANGEL</b> <input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		1.2 NAME:	
STREET ADDRESS:	<b>920 ALBERCA</b>	1.3 STREET ADDRESS:	<b>13860 S.W. 9TH TERR</b>
CITY-ST-ZIP:	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP:	<b>MIAMI - FL</b>
TITLE:	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>GERARDO, RAUL</b>	2.2 NAME:	
STREET ADDRESS:	<b>13860 SW 9TH TERRACE</b>	2.3 STREET ADDRESS:	
CITY-ST-ZIP:	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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 or as an attachment with an address.

SIGNATURE: **X [Signature]** **JOSE A. VILLALBA** 4/29/96 442-8286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)