SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000055611 (6) **DOCUMENT #** ALRAM ALARM SYSTEMS, INC. Principal Place of Business Mailing Address 2681 WEST 74TH ST. 2681 WEST 74TH ST HIALEAH FL 33016 HIALEAH FL 33016 3. Date Incorporated or Qualified 3a. Date of Last Report 08/05/1993 06/07/1995 Principal Place of Business 2a. Mailing Address 4 FELNumber Applied For 21 65-0429385 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199,032. 24 25 29 30 Florida Statutes ∐ Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRITO, ALEXIS 2681 WEST 74TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) MYLEAH FL 33016 83 RΔ City 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 approximent as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or professionance of registered agent and title if applicable (NOTE: Registered Agent signalized required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)TITLE PTD DELETE 11 THEF Change Addition BRITO, ALEXIS E NAME 1.2 NAM CR2E034 2681 WEST 74TH STREET STREET ADDRESS 1.3 STREET ADORESS HIALEAH FL 33016 CITY-S1-2IP 1.4 City - ST - ZiP TITLE DELETE 21THUE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3 1 THILE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$1 - 712 DELETE TITLE 4.1 THILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 City - \$* - 7:6 TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST ZIP 5.4 CITY - ST - 7IP 600001879385 Addition -06/28/96--01052--010 TITLE DELETE 61 TIFLE NAME 62 NAME STREET ADDRESS ***225.00 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP arily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes of polemental armual report is true and accurate and that my signature shall have the same legal effect be receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statuted, and thment with an address 14. I do hereby certify that the information supplied with this filing is valur further certify that the information indicated on the annual report or supplied to the supp made under oath, that I am an officer or o that my name appears in Block 12 or BI SIGNATURE:

SIGNATURE AND PPED OR PRIN