

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90215 044 \*\*\*158.75

0254043

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F39664

1. Corporation Name  
FALCON ALARM SERVICES, INC.

|  |  |
|--|--|
| Principal Place of Business<br>9725 S.W. 115 COURT<br>MIAMI FL 33176<br>US | Mailing Address<br>9725 S.W. 115 COURT<br>MIAMI FL 33176<br>US |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                      |  |                           |  |  |  |
|--------------------------------------|--|---------------------------|--|--|--|
| 2. Principal Place of Business<br>21 |  | 2a. Mailing Address<br>26 |  | 3. Date Incorporated or Qualified<br>06/04/1981  |  |
| Suite, Apt. #, etc.<br>22            |  | Suite, Apt. #, etc.<br>27 |  | 4. FEI Number<br>59-2104711  |  |
| City & State<br>23                   |  | City & State<br>28        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                  |  |
| Zip<br>24                            |  | Zip<br>29                 |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| Country<br>25                        |  | Country<br>30             |  | 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

GOICOURIA, RAFAEL  
9725 S.W. 115 COURT  
MIAMI FL 33176

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOICOURIA, RAFAEL                  | 1.2 NAME  |   |
| STREET ADDRESS             | 9725 SW 115 COURT                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL                           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 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                      | <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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 (305) 387-2331

Date

Daytime Phone #

CR2F034-11/98