

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F86014** (0)

1. Corporation Name
ALFA LOCK & ALARM COMPANY



Principal Place of Business: **7002 S.W. 87TH AVENUE MIAMI FL 33173**
Mailing Address: **7002 S.W. 87TH AVENUE MIAMI FL 33173**

3. Date Incorporated or Qualified: **06/21/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2203261**
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

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

9. Name and Address of Current Registered Agent

**ANTON, EDUARDO
1385 CORAL WAY
SUITE 406
MIAMI FL 33145**

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 607.0509 and 607.508, 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 of the professional registered agent and the legal name

Signature of the registered agent and the legal name

DATE: _____

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|--------------------|--------------------------|
| TITLE | PD | <input type="checkbox"/> |
| NAME | BOUZA, ROLANDO | |
| STREET ADDRESS | 8451 SW 72 TERRACE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | STD | <input type="checkbox"/> |
| NAME | BOUZA, MARIETTA | |
| STREET ADDRESS | 8451 SW 72 TERRACE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--|--------------------------|--------------------------|
| 1. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. NAME | | | |
| 13. STREET ADDRESS | | | |
| 14. CITY-ST-ZIP | | | |
| 2. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. NAME | | | |
| 23. STREET ADDRESS | | | |
| 24. CITY-ST-ZIP | | | |
| 3. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. NAME | | | |
| 33. STREET ADDRESS | | | |
| 34. CITY-ST-ZIP | | | |
| 4. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. NAME | | | |
| 43. STREET ADDRESS | | | |
| 44. CITY-ST-ZIP | | | |
| 5. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. NAME | | | |
| 53. STREET ADDRESS | | | |
| 54. CITY-ST-ZIP | | | |
| 6. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. NAME | | | |
| 63. STREET ADDRESS | | | |
| 64. 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: *Marietta Bouza* **Marietta Bouza** 4/20/96 305-598-3628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)