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.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # F95040 (4)ALERT U.S.A., INC. Principal Place of Business Mailing Address **% ISAAC FUNES** % ISAAC FUNES 2295 NE 164TH ST/P O BOX 601336 2295 NE 164TH ST/P O BOX 601336 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 3. Date Incorporated or Qualified 3a. Date of Last Report 07/28/1982 02/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-2698969 Not Applicable Suite, Apt. #, etc. Suite. Apt #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Žiρ Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032.

Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name FUNES, ISAAC 2295 NE 164TH ST 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33160 83 84 City 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 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 Type for professionable of registered agent and time diapplicable (NOTE Registered Agent signature required when relies) (ring) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE (96/8)PD DELETE 1.1 DITLE Change Addition NAME FUNES, ISAAC 1.2 NAME STREET ADDRESS 2295 NE 164TH ST **CR2E034** 1.3 STREET ADDRESS CITY - ST - ZIP MIAMI, FL 00000 1.4 CITY - ST- ZIP TITLE DELFTE 2 1 TIZLE Change Addition NAME FUNES, ESTHER O 2.2 NAME STREET ADDRESS 2295 NE 164TH ST 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 2 4 CITY - ST-ZIP TITLE DELFTE 3 ! TITLE Change Add tion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CiTY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - 7IP TITLE DELETE 5.1 TITLE \_\_\_ Change \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - 7IP 54 CITY - ST- ZIP TOLE DELETE 6 1 MILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 and cated on the armual report or supplemental annual report is true and accurate and that his signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the receiver or trusted empowered to execute his report as required by Chapter 617. Florida Statutes, and that my name appears in the corporation of the corporation of the receiver or trusted empowered to execute his report as required by Chapter 617. Florida Statutes, and 64 CITY-ST ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: