

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95040

(4)

ALERT U.S.A., INC.

FILED

98 JUL -7 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% ISAAC FUNES
2295 NE 164TH ST/P O BOX 601336
NORTH MIAMI BEACH FL 33160

Mailing Address
% ISAAC FUNES
2295 NE 164TH ST/P O BOX 601336
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

07/28/1982

4. FEI Number

59-2698969

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FUNES, ISAAC
2295 NE 164TH ST
NORTH MIAMI BEACH FL 33160

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 607.0502 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

TITLE PD ☐ DELETE

NAME FUNES, ISAAC
STREET ADDRESS 2295 NE 164TH ST
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME FUNES, ESTHER O
STREET ADDRESS 2295 NE 164TH ST
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 liquidator of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE

ISAAC FUNES

6/16/98

201 971 3404

CR2E034 (10/97)

ALFRED I. DUPONT BUILDING
169 EAST FLAGLER STREET, SUITE 1518
MIAMI, FLORIDA 33131
TELEPHONE: (305) 358-4466
TELEFAX: (305) 358-6599

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

2

M
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L

June 21, 1998

To Whom It May Concern:

RE: Alert U.S.A.

G
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K
Y

Please be advised that Mr. Isaac Funes, the owner of Alert U.S.A., has been ill for several weeks during the months of April, May and June terminating in surgery. Because of this illness Mr. Funes was unable to attend to his regular business, including the payment of the annual report which was due May 1, 1998. Enclosed please find a check for \$ 165.00. We respectfully request the abatement of the penalty on account of the above.

Very truly yours,


Michael Glinsky & Company, CPA

&
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A
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Y

P.
A.

cc: Copy of medical note enclosed

CERTIFIED PUBLIC ACCOUNTANTS

DAVID S. BROWN, MD

(2)

CERTIFICATE TO RETURN TO WORK/SCHOOL

DATE: 6/16/98

Isaac Funes
PATIENT NAME

has been under my care from 4/1/98 to _____
he/she will return to work on 6/16/98.

Restrictions: _____ light work _____ none

Other

Observations: It was unable to take
Care of his regular business
due to his (B) Inguinal Surgery procedure

DR. DAVID S. BROWN MD

David S. Brown MD

Board Certified Internal Medicine