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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUN		# ,	J5408	0	(3)										
		DA SEC	URITY SYS	TEMS	, INC.							BIEH BIBI	1	<b>   </b>	
Principal Place o	of Business			Mai	ling Address			·········							
2450 W 82	2450 W 82 ST														
#105					#105										
HIALEAH FL	. 33016				HIALEAH FL 33016					3. Date incorporated or Qualific	d 3a.	. Date of			
									$\perp$	01/28/1987		05	/16/19		
Principal Place of Business			2a. Mailing Address				4	4. FEt Number 59-2763896		<u> </u>		Applied For Not Applicable			
Suite, Apt. #	t. etc				Suite, Apt. #, etc.						~~~			Additional	
				27					_   {	5. Gertificate of Status Desired		F		ee Required	
City & State				City & State						6. Election Campaign Financing				<b>5.00</b> May Be	
1				28	7	T 00 m				Trust Fund Contribution		No. 1 Acres		to Fees	
Zip ]	-	Count 25	лгти у	29	7 <sub>lp</sub>	30 Cour	ttry		'	This corporation has liability     Florida Statutes	for intang Yes 🏗		under s	199.032,	
l			ess of Current		ered Agent				1 11	0. Name and Address of Ne		•	jent		
							61	Namo							
F0J0,	CARLOS F	RANCIS	00			-	82	Street Add	iress (	P.O. Box Number is Not Accep	table)				
2450 WEST 82ND STREET SUITE 105					-		33								
						В3									
HIALEAH FL 33016							84	1 City				FL	<b>85</b> Zip	Code	
I1 Pursuant to	o the provisir	ons of Sec	tions 607 0502	and 607	1508 Florida Statuti	es, the abov	e-D	amed como	oration	submits this statement for the directors. Thereby accept the a	purpose	of chanc	nino its ro	enistered off	fice
SIGNATURE _		or product nam	o of repoble of agents	ئے اللہ دائوں 		off Empotencia	^_j= ı•	Signature recipios	ed wher			DATE			
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certify that	the informat	tion indicat	ed on this anhu	al rep <b>ort</b>	for supplemental ann	nual report⊸s	: tru	ie and accur	rale a	e exemption stated in Section nd that my signature shall have	trie same	e legal ef	ffect as if	made unde	er
oath; that i	Lam an offic Block 12 or	er or direg	or of the como	<b>19</b> 19/101	the occiver or truste actiment with an add	rewegine ed	ed t	to execute in	nis rep	iort as required by Chapter 60	, Horida	Statutes	; and tha	it my name	

SIGNATURE:

CARLOS FOJO
ME AND TYPED OF PARTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-96 Crah302-228-2000

Dayame Phone #