## 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

(2)

DOCUMENT # L94537

DIGITAL ALARM SYSTEMS, INC.

## FILED Feb 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					- I 100 15011 913 10131 D1081 D1166	11011 1 <b>00</b> 1 <b>01010 4101</b> 1 1	IIGR VIVI VIVI	1 01011 1091
1605 PENINSYLVANIA AVE 1605 PENINSYLVANIA AVE								
STE 303 STE 303					DO NOT WRITE IN THIS SPACE			
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
US		US			08/17/1990	mea		
Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number		- I Ar	oplied For
	31 PALMETTO DR	26 P.O.BOX 6	60-	115	65-0215351		- <del></del>	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>			. 🖂	\$8.75	
22		27			5. Certificate of Status Desire	ed 🔲	Fee Re	quired
City & State	>	City & State			6. Election Campaign Finance	ing	\$5.00	May Be
23 M IAM	I SPRINGS, FLA				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Cou		8. This corporation owes or h	· -		
24 3316	6 25 U.S.A		30 <i>O</i>	S. A.	Personal Property Tax due			No
	9. Name and Address of Current	Registered Agent		81 Name 4.4	10. Name and Address of N			
MCKENZYE, GUILLERMO					CKENZIE GUI	LLERM(	ク	
1605 PENNSYLVANIA AVE					ess (P.O. Box Number is Not Acc			
STE 303				53/	PALMETTO D	RIVE		
MIA	MI BEACH FL 33139			B3				
			1	B4 City	201110		85 Zip (	Code
				MIA	mi springs	FL		166
nffice or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State of	d Florida. Such change was ai	uthorized	t by the corporati	ion's board of directors. I hereby	accept the app	changing it ointment as	registered registered
l agenttar	m familiar with land accout the obligat	ions of Section 607.0505. Flor	rida Stat	utes.			_	-
SIGNATURE .	Sullerno M	1 c Keuzel	F	1 Agent signature require		2-02-	98	
12.	OFFICERS AND		13.	Agent signature requir	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	3S IN 12
TITLE	PSD	DELETE	1.1 (1)	ILE	7,0011010401111102010	011102/101111	Change	Addition
NAME	MKENZYE, GUILLERMO		1.2 NA	.ME				
STREET ADDRESS	1605 PENNSYLVANIA AVE S	303	1.3 \$1	REET ADDRESS				
CITY-ST-ZIP	MIAMI BCH FL		1.4 00	TY - \$T - ZIP				
TITLE		DELETE	2.1 T/I	TLE			Change	Addition
KAME			2.2 NA	SME				1
STREET ADDRESS			2.3 ST	REET ADDRESS				
CITY-ST-ZIP			2.4 C	TY-ST-ZIP				
TITLE		DELETE	3.1 TIT	ILE			Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-\$T-ZIP				
TITLE		☐ DELETE	4.1 10	FLE			L Change	Addition
NAME			4. 2 N	AME	•			
STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP		<u> </u>	_	TY-ST-ZIP			17.	
TITLE		DELETE	5111	1			Change	L Addition
NAME			5 2 NA					
STREET ADDRESS			5351	REET ADDRESS				
CITY-ST-ZIP		The section		TY-ST-ZIP			Channe	Leabie-
TITLE		☐ DELETE	6 1 TIT	1			☐ Change	Addition
NAME			6.2 NA					
STREET ADDRESS			1	REET ADORESS				
CITY-ST-ZIP	certify that the information supplied wit	h this thus signs and availe 4-	6.4 CI	TY-ST-ZIP	Caction 119 07/3Vi) Etorida Stat	utoe I further on	rtify that the	information
<ol> <li>14. I nereby c</li> </ol>	certify that the information supplied wit	a this filling does not qualify to	× t⊓e exe	#IIDUON STATEO IN	SECTION 1 13.07 (3)(I), FRANCE STATE	ates, i juitifier ce	a ory utan tite	a injuriation

4. I be provided in the information supplied with this filling does not quality for the exemption stated in Section 1.19.07(3)(f), Frorda Statutes: Further certify that the information indicated on this annual report or suppliemental 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:

Sullemo no kergi

00-02-98

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