FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Fine () Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 APR 21 AM 11: 25 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE \$ 208.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE FLORIDA Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address SECURITY LAMINATED SYSTEMS LIMITED COMPANY 15530 WEST DIXIE HIGHWAY 5530 WEST DIXIE HIGHWAY NORTH MIAMI FL 33162 ORTH MIAMI FL 33162 If above mailing address is incorrect in any way, tine through incorrect information and enter correction in Block 2a. 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 6878 NW 20th Avenue 6878 NW 20th Avenue 2/03/1996 Suite, Apt. #, etc. Sulte, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0710853 Not Applicable Ft. Lauderdale Ft. Lauderdale, FL 5. Date of Last Report 6. Certificate of Status Desired S8.75 Additional Fee Required 33309 33309 US US 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent BARTHE, FREDERIC M ESO 888 SOUTH EAST 3RD AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 400 FORT LAUDERDALE FL 33316 Suite, Apt. #, etc. Zip Code FL 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE. (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM SECURITY LAMINATED SYS 15530 WEST DIXIE HIGHWAY FL 33309 6878 NW 2016 AVE Ft Landerale 400002152034--7 -04/23/97--01074--003 ****203.75 ****203.75 11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: Makeur IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER