

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **M07584** (9)

1. Corporation Name
HI TECHNOLOGY SECURITY SYSTEMS INC.

Principal Place of Business
**1630 SW 18TH AVE
MIAMI FL 33145-1450**

Mailing Address
**1630 SW 18TH AVE
MIAMI FL 33145-1450**

3. Date Incorporated or Qualified 11/08/1984	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2599422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

**PELAEZ, MAURICIO
1630 S.W. 18TH AVE
MIAMI FL 33145**

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

Mauricio Pelaez

4-18-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PTID
NAME	PELAEZ, MAURICO	1.2 NAME	Pelaez, Mauricio
STREET ADDRESS	1630 S.W. 18TH AVE.	1.3 STREET ADDRESS	1630 SW 18 Ave
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL 33145
TITLE	VSD	2.1 TITLE	VISID
NAME	PELAEZ, FERNANDO	2.2 NAME	Pelaez, Fernando
STREET ADDRESS	1711 S.W. 18TH ST.	2.3 STREET ADDRESS	1630 SW 18 Ave
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Miami, FL 33145
TITLE		3.1 TITLE	Slm
NAME		3.2 NAME	Solomon, Frederick
STREET ADDRESS		3.3 STREET ADDRESS	1630 SW 18 Ave
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Miami, FL 33145
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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 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: *Mauricio Pelaez* Mauricio Pelaez

4-18-97 (305) 858-3010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)

TYPEWRITER COPY OF INFORMATION LISTED ABOVE:

P/T/D
PELAEZ, MAURICIO
1630 S.W. 18th Avenue
Miami, Florida 33145

X Change

V/S/D
PELAEZ, FERNANDO
1630 S.W. 18th Avenue
Miami, Florida 33145

X Change

S/M
SOLOMON, FREDERICK
1630 S.W. 18th Avenue
Miami, Florida 33145

X Addition