SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:37

DOCUMENT # N94000001024 (8)

1. Corporation Name
THE LAST ALARM FUND CORP.

Principal Place of Business	Mailing Address
6000 SW 87 AVE MIAMI FL 33173-1622	6000 SW 87 AVE MIAMI FL 33173-1622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report:
4. FEI Number: 65-0484377 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2815 Salzedo	26 2815 Salzedo
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Coral Gables, Fla.	28 Coral Gables, Fla.
24 Zip 33134 25 Country U.S.	29 Zip 33134 30 Country U.S.

9. Name and Address of Current Registered Agent

SAENZ, RAUL M
8180 NW 36 ST 100
MIAMI FL 33166

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WARD, BRUCE	12 NAME	
STREET ADDRESS	6000 SW 87 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173-1622	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	TEEMS, DAVID	22 NAME	
STREET ADDRESS	6000 SW 87 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173-1622	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PAULISON, DAVID	32 NAME	
STREET ADDRESS	6000 SW 87 AVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173-1622	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LORENZO, HERMINIO	42 NAME	
STREET ADDRESS	6000 SW 87 AVE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173-1622	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GRIER, JACOB	52 NAME	
STREET ADDRESS	6000 SW 87 AVE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173-1622	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, THOMAS	62 NAME	
STREET ADDRESS	6000 SW 87 AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173-1622	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce B. Ward BRUCE B. WARD 6-15-95 305-883-6914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000171