FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N94000001024 (8)**

1. Corporation Name

THE LAST ALARM FUND CORP.

Principal Place of Business	Mailing Address
2815 SALZEDO CORAL GABLES FL 33134 US	2815 SALZEDO CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: **03/01/1994**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 17		
TITLE	D	☒ DELETE	11 TITLE	D	☒ Change ☒ Addition
NAME	WARD, BRUCE		12 NAME	Richard Cook	
STREET ADDRESS	6000 SW 87 AVE		13 STREET ADDRESS	2815 Salzedo	
CITY-ST-ZIP	MIAMI FL 33173-1622		14 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	D	☒ DELETE	21 TITLE	D	☒ Change ☒ Addition
NAME	TEEMS, DAVID		22 NAME	Luis Garcia	
STREET ADDRESS	6000 SW 87 AVE		23 STREET ADDRESS	2815 Salzedo	
CITY-ST-ZIP	MIAMI FL 33173-1622		24 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	D	☒ DELETE	31 TITLE	D	☒ Change ☒ Addition
NAME	PAULISON, DAVID		32 NAME	Luis Garcia	
STREET ADDRESS	6000 SW 87 AVE		33 STREET ADDRESS	2815 Salzedo	
CITY-ST-ZIP	MIAMI FL 33173-1622		34 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	D	☒ DELETE	41 TITLE	D	☒ Change ☒ Addition
NAME	LORENZO, HERMINIO		42 NAME	John C. Gilbert	
STREET ADDRESS	6000 SW 87 AVE		43 STREET ADDRESS	2815 Salzedo	
CITY-ST-ZIP	MIAMI FL 33173-1622		44 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	D	☒ DELETE	51 TITLE	000001856640	☐ Change ☐ Addition
NAME	GRIER, JACOB		52 NAME	-06/10/96--01014--011	
STREET ADDRESS	6000 SW 87 AVE		53 STREET ADDRESS	***61.25	
CITY-ST-ZIP	MIAMI FL 33173-1622		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE		☐ Change ☒ Addition
NAME	SULLIVAN, THOMAS		62 NAME		6-9-96 JP
STREET ADDRESS	6000 SW 87 AVE		63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173-1622		64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: _____ **John C. Gilbert** **4/26/96** **305-365-8989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #