FILE NOW: FILING FEE IS \$61.25

NONPROFIT ★ CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N94000001024 (8)

THE LAST ALARM FUND CORP.

| Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State Zip Country Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution | Principal Plac | e of Business | Mailing Address | | | | | | | |
|---|---|---|--|------------------------------|-----------------------|-----------------------|---|----------------------------|----------------------------|-----------------------------|
| 2. Principal Place of Business 2a. Mailing Address 2e 5. Certificate of Status Desired \$8.75 Additional price of Sulte, Apt. 4, etc. 5. Certificate of Status Desired \$8.75 Additional price of Sulte, Apt. 4, etc. 5. Certificate of Status Desired \$5.00 May 9e Added to Fees \$7. Is this nonprofit corporation on Desired \$5.00 May 9e Added to Fees \$7. Is this nonprofit corporation and promovers association? \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit corporation owes or has paid the current year Intensibility \$7. Is this nonprofit on the Status \$7. Is this nonprofit in the Status \$7. Is this nonprofit in the Status \$7. Is this nonprofit \$7. Is | CORAL GABLES FL 33134 CORAL GABLES FL 33134 | | | | | | 03/01/1994 4. FEI Number Applied For | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | 2. Principal P | Place of Business | ⊢ ¬ | | | | | | \$8.75 | Additional |
| Zip Country Zip Country Zip Country Strip Country Strip Country Zip Country Strip Strip Street Agent Street Address of New Registered Agent | | #, etc. | <u>├</u> ── | | | | | 9 \$5.00 May Be | | |
| 25 28 30 Personal Property Tax due dune 30. Yes 28 No | 23 | | 28 | | | | | | | |
| SAENZ, RAUL M 8180 NW 38 ST 100 MIAMI FL 33166 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 Street Address (P.O. Box Number is Not Acceptable) 86 Signature Interest of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the about office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE: Signature typed or printed name of registered opert and ritle if applicable (NOTE: Registered Aport signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 1.1 TITLE | Zip 24 | 25 | 29 | \vdash | ntry | | Personal Property Tax due Jur | ne 30. 🗀 | Yes [| |
| SAENZ, RAUL M \$180 NW 36 ST 100 MIAMI FL 33166 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, and manifer with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature (special or preted name of registered agent and title if applicable (NOTE: Registered Agent Signature required when remetaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DO DELETE 1.1 TITLE COOK, RICHARD SIRET ADDRESS 2815 SALZEDO STREET CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CORAL GABLES FL 33134 1.5 CITY-ST-ZIP DIRECTOR SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP ORAL GABLES FL 33134 1.5 CITY-ST-ZIP DIRECTOR SIRET ADDRESS SIRET ADD | | 9. Name and Address of Current Registered Agent | | | | | TU. Name and Address of New F | registered A | rgent | |
| ### City ### | | | | | | | | | | |
| 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 Signature, typed or privide name of registered opent and title if applicable. [NOTE: Registered Agent signature required when relinating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE COOK, RICHARD 2315 SALZEDO STREET 1.2 NAME STREET ADDRESS CITY-ST-2IP CORAL GABLES FL 33134 1.4 CITY-ST-2IP TITLE D DELETE 2.1 TITLE CARCIA, LUIS 2.2 NAME 2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-2IP MAME GILBERT, JOHN C STREET ADDRESS CITY-ST-2IP CORAL GABLES FL 33134 3.2 NAME GILBERT, JOHN C STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-2IP CORAL GABLES FL 33134 3.3 STREET ADDRESS CITY-ST-2IP CORAL GABLES FL 33134 3.4 CITY-ST-2IP CORAL GABLES FL 33134 3.5 SALZEDO 3.5 STREET ADDRESS CITY-ST-2IP CORAL GABLES FL 33134 3.4 CITY-ST-2IP CORAL GABLES FL 33134 3.4 CITY-ST-2IP Key Biscavne, FL 33149 | MIAMI F | L 33166 | | | | City | | | ag Zin | Codo |
| 12. OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE L COOK, RICHARD STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 TITLE D CORAL GABLES FL 33134 DELETE DIRECTORS IN 12 Change Addition Addition DELETE DIRECTORS IN 12 Change Addition Addition DELETE DIRECTORS IN 12 Change Addition Addition DELETE DIRECTORS IN 12 Addition Addition DELETE DIRECTORS IN 12 Addition DELETE DIRECTORS IN 12 Addition Addition Addition DELETE DIRECTORS IN 12 Addition Addition Addition DELETE DIRECTORS IN 12 Addition Addition Addition Addition Addition Addition DELETE DIRECTORS IN 12 Addition | office or r agent. I a | registered agent, or both, in the Sta im familiar with, and accept the obt | te of Florida. Such change was igations of, Section 617.0503, f | s authorized Florida Stat | d by utes | the corporatio | n's board of directors. I hereby acc | purpose of ept the appo | changing is pintment as | ts registered registered |
| TITLE D DELETE 1.1 TITLE 1.2 NAME STREET ADDRESS COTY-ST-ZIP CORAL GABLES FL 33134 TITLE D DELETE 2.1 TITLE GARCIA, LUIS STREET ADDRESS COTY-ST-ZIP CORAL GABLES FL 33134 TITLE D D DELETE 2.3 STREET ADDRESS COTY-ST-ZIP MIAME 2.3 STREET ADDRESS COTY-ST-ZIP MIAME DELETE 3.1 TITLE DIRECTOR MIAME DELETE 3.1 TITLE DIRECTOR MIAME ADDRESS COTY-ST-ZIP DELETE 3.1 TITLE DIRECTOR MIAME GARCIA, LUIS 2.4 COTY-ST-ZIP MIAME GILBERT, JOHN C 3.2 NAME GILBERT, JOHN C 3.2 NAME GILBERT, JOHN C 3.3 STREET ADDRESS BS W. Enid Drive CORAL GABLES FL 33134 STREET ADDRESS CORAL GABLES FL 33134 TOTAL DELETE DIRECTOR DIRECTOR MIAME GILBERT, JOHN C 3.3 STREET ADDRESS BS W. Enid Drive CORAL GABLES FL 33134 TOTAL DELETE DIRECTOR MIAME GILBERT, JOHN C 3.3 STREET ADDRESS BS W. Enid Drive CORAL GABLES FL 33134 | 40 | | | | i Age | nt signature required | | | DIDEATAL | O 151 40 |
| NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D D DELETE D DELETE D DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP NAME GARCIA, LUIS 23 STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP NAME GARCIA, LUIS 23 STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP MIAMI Beach, FL 33140 Change Addition Addition Change Addition Corrector Gilbert, John C. 33 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 34 CITY-ST-ZIP Key Biscayne, FL 33149 | | T 12-11-11-11-11-11-11-11-11-11-11-11-11-1 | | | | | ADDITIONS/CHANGES TO OFF | ICERS AND | | |
| TITLE NAME GARCIA, LUIS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DITLE CORAL GABLES FL 33134 DELETE 3.1 TITLE Director Gilbert, John C. 3.2 NAME Gilbert, John C. 3.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 DELETE 3.4 CITY-ST-ZIP Key Biscayne, FL 33149 | NAME STREET ADDRESS | COOK, RICHARD 2815 SALZEDO STREET | Deteit | 1.2 NA 1.3 ST | ME Reet | | | | ∟ Change | ☐ Addition |
| CITY-ST-ZIP CORAL GABLES FL 33134 TITLE DIRECTOR GILBERT, JOHN C STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 2.4 CITY-ST-ZIP Miami Beach, FL 33140 2.4 CITY-ST-ZIP DIRECTOR GILBERT, JOHN C 3.2 NAME Gilbert, John C. 3.3 STREET ADDRESS 85 W. Enid Drive CORAL GABLES FL 33134 3.4 CITY-ST-ZIP Key Biscayne, FL 33149 | TITLE NAME | D Garcia, Luis | IS 2 | | 2.1 TITLE 2.2 NAME | | sident cia, Luis O Pinetree Drive | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 Gilbert, John C. 3.2 NAME Gilbert, John C. 85 W. Enid Drive Key Biscayne, FL 33149 | CITY-ST-ZIP | CORAL GABLES FL 33134 | DELETE | 2. 4 C | ITY-S | Mia | | · } | Chance | Addition |
| CITY-ST-ZIP CORAL GABLES FL 33134 34. CITY-ST-ZIP Key Biscayne, FL 33149 | NAME | GILBERT, JOHN C | DELLIE | 3.2 NA | ME | Gil1 | bert, John C. | ' | | |
| | CITY-ST-ZIP | | T neiete | 3.4. CI | TY-S | T-ZIP Key | Biscayne, FL 3314 | | Change | AA Addition |

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Director

Hialeah,

Director

Gimenez, Carlos A. 444 S.W. 2nd Avenue

Miami. FL 33130

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

11/21/98

See Attached Sheet for Additional

Directors

33010

Change

Addition

Addition

FILED

Mar 26 1998 8:00am

Secretary of State

Attachment to Non-Profit Corporation Annual Report 1998 The Last Alarm Fund Corp. Document # N94000001024 (8)

13. Addition

Grier, Jacob Fire Chief, Homestead Fire Dept. Homestead Air Force Base CES/DEF Homestead, FL 33039

Addition

Paulison, R. David Fire Chief, Metro Dade Fire Rescue 6000 S.W. 87th Avenue Miami, Florida 33173