

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

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000040766 (6)**  
 1. Corporation Name  
**AUTO TECH SECURITY SYSTEMS INC.**



Principal Place of Business <b>13789 S.W. 160 ST MIAMI FL 33177 US</b>	Mailing Address <b>13789 S.W. 160 ST MIAMI FL 33177 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/01/1993</b>	
21. Principal Place of Business <b>9831 SW 184 ST</b>	22. Mailing Address <b>9831 SW 184 ST</b>
23. City & State <b>MIAMI FL</b>	24. City & State <b>MIAMI FL</b>
25. Zip <b>33157</b>	26. Country <b>U.S.A</b>
27. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.
29. Zip <b>33157</b>	30. Country <b>USA</b>
4. FEI Number <b>65-0489759</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MACEDO, CARLOS 8870 SW 40 ST #3 MIAMI FL 33165</b>		10. Name and Address of New Registered Agent	
81 Name	<b>WALTON GUERRERO</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9831 SW 184 ST</b>		
83			
84 City	<b>MIAMI</b>	85 Zip Code	<b>FL 33157</b>

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 Walter Guerrero 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD GUERRERO, WALTON M</b>	1.2 NAME	<b>PRESIDENT GUERRERO, WALTON M</b>
STREET ADDRESS	<b>9862 SW 88 ST #D-106</b>	1.3 STREET ADDRESS	<b>9831 SW 184 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VSTD GUERRERO, ALLISON C</b>	2.2 NAME	<b>VSTD GUERRERO, ALISON C</b>
STREET ADDRESS	<b>9862 SW 88 ST #D-106</b>	2.3 STREET ADDRESS	<b>9831 SW 184 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: Walter Guerrero

CR2E034 (10/97)