

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

FILED

May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P 930000 407 66 (6)
1. Corporation Name: Auto Tech Security Systems Inc.
9831 SW 184 ST
Miami FL 33157

Principal Place of Business: 9831 SW 184 ST
Miami FL 33157
Mailing Address: 9831 SW 184 ST
Miami FL 33157

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

9. Name and Address of Current Registered Agent
Walton Guerrero
9831 SW 184 ST
Miami FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FFL Number: 65-0489759 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (PO Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 have read the provisions of Section 607.0906, Florida Statutes.

SIGNATURE: (Officer or Director) (Registered Agent) DATE:

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Walton Guerrero	
STREET ADDRESS	9831 SW 184 ST	
CITY-STATE-ZIP	Miami FL 33157	
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE
NAME	Alison C. Guerrero	
STREET ADDRESS	9831 SW 184 ST	
CITY-STATE-ZIP	Miami FL 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
15 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
16 NAME	MARCOS B. GOMEZ	
17 STREET ADDRESS	9831 SW 184 ST	
18 CITY-STATE-ZIP	Miami FL 33157	
19 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-STATE-ZIP		
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-STATE-ZIP		
27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-STATE-ZIP		

14. I hereby certify that the information filed with me does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or application for 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 registered office holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or removed. If not with an address.

SIGNATURE: Walton Guerrero WALTER GUERRERO, PRES. 5-9-98 2542886
SIGNATURE AND TITLE OF PERSON SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)