FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P93000067844 (9)

SAFE TECHNOLOGIES, INC.														
Principal Place	of Business			Ma	alling Address									
2510 SW 99T MIAMI FL 331					2510 SW 99TH AVE MIAMI FL 33165									
										 Date Incorporated or Qualified 09/29/1993 		of Last /01/1	995	
2. Principal Pla			7	\vdash	Mailing Address					4. FEI Number			Applied For Not Applicable	
21 2510 3 Suite, Apt. #		99ti	Avenue	26	(same) Suite, Ant. #. etc.			· · · · · - · - · · · ·		65-0530054		\$8.7	5 Additional	
22					27					5. Cortificate of Status Desired Fee Required				
City & State					City & State					6. Election Campaign Financing \$5.00 May Be				
23 Miami, Florida					28 Country					Trust rollo Continuotion — Added to Fees				
Zip Country 24 33165-2633 25 DADE					Zip Country 29 30					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No				
24 33103			idress of Current		tered Agent	1001			L	10. Name and Address of New	Registered A	gent		
							81	Name	N/Z	7				
COSIO,	EMILIO A						82	Street /		s (P.O. Box Number is Not Accept	able)			
2510 SV	A HTER V	Æ					83	·····						
MIAMI FL 33165							03							
							84	City			FL	85	Zip Code	
11. Pursuant t or register familiar wit	red accent, or	r hoth, in	i the State of Florid	a. Suci	7.1508, Florida Statur change was authori; 0505, Florida Statute:	zea by the	ove-r	named co oration's	orporation board o	on submits this statement for the post of directors. I hereby accept the ap	ропинентаѕ	nging its register	s registered office ed agent. I am	
SIGNATURE		المامان	his torce	小	·	N/.				04-	15-96 DATE			
12.	Signature, types	or printed	name of registered agent of OFFICERS AND			OTE: Register		it signature r	w beritger	hon reinstating) ADDITIONS/CHANGES TO O		DIRECT	FORS IN 12	
TILE	DCT	PST			DELETE		1. 1 TITLE		T			Change		
NAME	COSIO	. FMILL	O A		_	1.2	NAME		ا ا	/=				
STREET ADDRESS	2510 9	•				1.3	STREET	ADDRESS	N/	A				
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STREET ADORESS		W 99				33	STREE	T ADDRESS	'''	A				
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NAME:		•	RDES H				NAME		N/	Ά				
STREET ADDRESS		SW 99						ADDRESS						
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NAME					C 0222.2		NAME				_	_		
STHEET ADDRESS								ADDRESS						
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TOTLE	1				☐ DELETE	6	1 TITLE				[Chang	e 🔲 Addition	
NAME							NAME							
STREET ADDRESS								T ADDRESS	1					
CITY-ST-7IP		a Abrelle C	ampalian essalia - 1 -	uith the	fling is unfuntarily for	6.4	CITY-S	ST-ZIP	alify for	the exemption stated in Section 1	19 07(3)/k) Fin	rida Sta	itutes. I further	
certify that oath; that appears i	at the inform t I am an off in Block 12 (ation ind icer or di or Block	icated on this annurector of the corpo if changed, or c	al repo ration o n an a	ort or supplemental an or the receiver or trust ttachment with an add	nual repor tee empov dress.	t is tri vered	ue and a to execu	ccurate ite this r	and that my signature shall have treport as required by Chapter 607,	Florida Statut	es; and	that my name	
CICNAT	riide.		الزررو		fram	-EM	ILI	OA.	COS:	IO, Pres, 04-15-9	96 (305	5) 552	2-8736	

E AND TYPED OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR -EMILIO A. COSIO, Pres. (305) 552-8736 04-15-96 SIGNATURE: