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Mailing Address

C/O RAY GRAFF

9015 SW 134TH CT.

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

(305)382-9393

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075542 (9)

RAY'S ALARMS, INC.

Principal Place of Business

C/O RAY GRAFF

9015 SW 134TH CT.

MIAMI FL 33188-1527 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 11/02/1993 03/19/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address (SAME) 65-0434024 9015 SW 134 Not Applicable 26 Suite Apt. #. etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be fla Trust Fund Contribution Added to Fees MIAMI MIAMI 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, DADE DADE Yes No 33186 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAFF, RAY 9015 SW 134TH CT. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City Zip Code 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 farming with, and accept the obligations of, Section 607.0505, Florida Statutes. 02.28.97 Au's Alarms りる SIGNATURE Signature, typical or preject name of registered agent and tice if applicable nen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE THLE D GRAFF, RAY 1.2 NAME 9015 SW 134TH CT. 13 STREET ADDRESS STREET AGDRESS **MIAMI FL 33186** 14 CITY-ST-ZIP CITY -ST - 7H Addition Change DELETÉ 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - 20 Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition DELETE 4.1 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-7P Change Addition DELETE 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 1iILE 61 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ACHIRESS 6.4 CITY - ST - ZIP CITY - ST - ZIF 14. I do hereby certly 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