

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000034430

1. Corporation Name
ADELPHIA MONITORING ALARM SYSTEMS CORPORATION

Principal Place of Business
3431 SW 105 CT
MIAMI FL 33165

Mailing Address
3431 SW 105 CT
MIAMI FL 33165

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90143 050 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1994

4. FEI Number

65-0503283

☒ 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 the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 14147 SW 142 AVE

Suite, Apt. #, etc.

22

City & State Miami FL

23 Zip 33186 Country USA

24

2a. Mailing Address

26 14147 SW 142 AVE

Suite, Apt. #, etc.

27

City & State Miami FL

28 Zip 33186 Country USA

29

9. Name and Address of Current Registered Agent

VELAZCO, MARIO
3431 SW 105 CT
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

MARIO VELAZCO

82 Street Address (P.O. Box Number is Not Acceptable)

13453 SW 62 ST #1

83

84 City

Miami

FL

85 Zip Code

33183

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-18-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VELAZCO, MARIO
STREET ADDRESS 3431 SW 105 CT
CITY-ST-ZIP MIAMI FL 33165

TITLE P
NAME VELAZCO, TERESA
STREET ADDRESS 3431 SW 105CT
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Velazco MARIO
1.2 NAME
1.3 STREET ADDRESS 13453 SW 62 ST #1
1.4 CITY-ST-ZIP MIAMI FL 33183

2.1 TITLE Velazco TERESA
2.2 NAME
2.3 STREET ADDRESS 13453 SW 62 ST #1
2.4 CITY-ST-ZIP MIAMI FL 33183

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

03-18-99 (305) 223-1090

CR2E034 (11/98)

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