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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400064352 (5)

MIAMI SECURITY SYSTEM INC.

Principal Place of Business

#

Ħ,

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



215-1385-0462

7451 S.W. 161 PLACE 7451 S.W. 161 PLACE MIAMI FL 33193 MIAMI FL 33193 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1994 2. Principal Place of Business Mailing Address 092212 Applied For SW 161PL 7451 7451 Not Applicable 26 65-0558239 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Miami П Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible USA □ No 29 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PEREZ, JUAN CARLOS 7451 S.W. 161 PLACE Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33193 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. latement for the purpose of changing its registered rs. I hereby accept the appointment as registered resident ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 11 TITLE TITLE PEREZ, JUAN CARLOS 1.2 NAME NAME 7451 S.W. 161 PLACE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33193** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Change ■ Addition 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 TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition ☐ Change 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 suppliemental annual report is trub 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 of the receiver or trustee employment 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 sh an attachment with an address.