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FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000072917 (5)

1. Corporation Name

ALLIED FIRE PROTECTION, INC.

Principal Place of Business

9695 NW 79 AVE.

#4

HIALEAH GARDENS FL 33016

Mailing Address

9695 NW 79 AVE.

#4

HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1994

4. FEI Number

65-0524670

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$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

2. Principal Place of Business

21 9550 NW 79 AVE

Suite, Apt. #, etc.

22 #14

City & State

23 HIALEAH GARDENS FL

Zip

24 33016

Country

25 US

2a. Mailing Address

26 9550 NW 79 AVE

Suite, Apt. #, etc.

27 #14

City & State

28 HIALEAH GARDENS FL

Zip

29 33016

Country

30 US

9. Name and Address of Current Registered Agent

SEGARRA, JUAN L

9695 NW 79 AVE.

#4

HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent

81 Name

JUAN L SEGARRA

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

9550 NW 79 AVE

83 Suite, Apt. #, etc.

#14

84 City

HIALEAH GARDENS

FL

85 Zip Code

33016

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)

4-28-98

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

SEGARRA, JUAN L

STREET ADDRESS

9695 NW 79 AVE #4

CITY-ST-ZIP

HIALEAH GARDENS FL 33016

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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Change

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Addition

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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.

SIGNATURE:

[Signature]
Typed or printed name of signing officer or director

4-28-98 (305) 824-5095

Date

Daytime Phone #

0127906

CR2E034 (10/97)