**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000025642

1. Corporation Name

N D N ALARM SYSTEMS, INC.

Principal Place of Business

Mailing Address

## FILED May 21, 1999 8:00 am Secretary of State

05-21-1999 90008 004 \*\*\*150.00



11601 S.W. 179 TERRACE 11601 S.W. 179 TERRACE MIAMI FL 33157-4969 MIAMI FL 33157-4969 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/27/1995 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business Not Applicable 65-0576245 26 21 Suite, Apt. #\_etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Žip Zip Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MACHADO, JORGE L 82 Street Address (P.O. Box Number is Not Acceptable) 11601 S.W. 179 TERRACE MIAMI FL 33157-4969 83 85 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE Change 1.1 TITLE DPS TITLE MACHADO, JORGE L 1.2 NAME NAME 11601 S.W. 179 TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33157-4969 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE D۷ 2.1 TITLE TITLE MACHADO, JULIO 2.2 NAME NAME 11720 SW 179 TERRACE 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33177** 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 4.1 TITLE \_\_ TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DFLETE TITLE 62 NAME NAME 63 STREET ADDRESS 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.

CITY-ST-ZIP

OFFICER OR DIRECTOR

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