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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000073410 (9)

1. Corporation Name  
VISUAL ALARM VERIFACTION, INC.



Principal Place of Business  
9500 NW 77TH AVENUE  
HIALEAH GARDENS FL 33016

Mailing Address  
9500 NW 77TH AVENUE  
HIALEAH GARDENS FL 33016-2530

3. Date Incorporated or Qualified 09/20/1995	3a. Date of Last Report 07/16/1996
4. FEI Number 65-0641970	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CARLSON, CURTIS  
200 S BISCAYNE BLVD  
SUITE 2770  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 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 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ZAMORA, URGANO	1.2 NAME	ZAMORA, URBANO
STREET ADDRESS	9500 NW 77TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	LESTER, TONY	2.2 NAME	
STREET ADDRESS	9500 NW 77TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	2.4 CITY-ST-ZIP	
TITLE	S/T	3.1 TITLE	
NAME	COLUCCIello, GIUSEPPE	3.2 NAME	
STREET ADDRESS	9500 NW 77TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 or 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: *Urbano Zamora* 4-28-97 305 825 1995

CR2E034 (9/96)