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May 16 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 # P96000003085 (3)

1. Corporation Name

PROTECTIVE ALARM & SECURITY SYSTEMS, CORP.

Principal Place of Business

13100 SW 85TH STREET
MIAMI FL 33183

Mailing Address

13100 SW 85TH STREET
MIAMI FL 33183-4330

3. Date Incorporated or Qualified

01/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 13100 SW 85th. st.

2a. Mailing Address

26 13100 SW 85th. st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami FL.

28 Miami FL.

Zip

Country

Zip

Country

24 33183

25 Dade

29 33183

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, NORBERTO R
13100 SW 85TH STREET
MIAMI FL 33183

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Change Addition

1.2 NAME Norberto Garcia

1.3 STREET ADDRESS 13100 SW 85 St

1.4 CITY- ST- ZIP Miami, FL 33183

2.1 TITLE V/S Change Addition

2.2 NAME Lupe Garcia

2.3 STREET ADDRESS 13100 SW 85 ST

2.4 CITY- ST- ZIP Miami, FL 33183

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-97 (205) 385-6250

CR2E034 (9/96)