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Jun 17 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 # P96000052647

1. Corporation Name

BROWARD ALARM COMPANY
C/O ALARM DEPOT /MIAMI

Principal Place of Business	Mailing Address
1287 E NEWPORT CENTER DRIVE #209 DEERFIELD, FL 33442.	

2. Principal Place of Business 21 BROWARD ALARM CO.	2a. Mailing Address 26 1287 E NEWPORT CENTER	3. Date Incorporated or Qualified	3a. Date of Last Report
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 209	4. EI Number 65-0677546	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 DEERFIELD BEACH, FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 33442 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PAUL PROENZA
11440 SW 131ST.
MIAMI, FL 33176

10. Name and Address of New Registered Agent

81 Name: PAUL PROENZA.
82 Street Address (P.O. Box Number is NOT Acceptable): 3485 NW 82 AVE #109.
83
84 City: MIAMI, FL FL 85 Zip Code: 33166.

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: PAUL PROENZA. DATE: 5/7/97.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REINALDO PEREZ	1.2 NAME	
STREET ADDRESS	15348 SW 151TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	1.4 CITY-ST-ZIP	
TITLE	V. PRESIDENT. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAUL PROENZA	2.2 NAME	
STREET ADDRESS	11440 SW 131ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	2.4 CITY-ST-ZIP	
TITLE	SECRETARY. ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALEX ESCOBAR.	3.2 NAME	
STREET ADDRESS	10254 WINDSWEPT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

6/17/97

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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: PAUL PROENZA 5/7/97 (954) 698-6622
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR DATE