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Sep 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P 97000015560

1. Corporation Name  
[Redacted]

Principal Place of Business  
SKYLIGHT SECURITY SYSTEMS, INC.  
Miami, Florida

9810 SW 50 ST  
Miami FL 33165

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc

26. State, Apt. #, etc

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. [Redacted]

29. [Redacted]

9. Name and Address of Current Registered Agent

81 Name Guillermo S TORRES  
82 Street Address (P.O. Box Number is Not Acceptable) 9810 SW 50 ST  
83  
84 City Miami FL 85 Zip Code 33165

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
4. FEI Number 65-0732148 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$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  
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0617 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0605, Florida Statutes.

SIGNATURE: [Signature] Treasurer

6/19/98

12. OFFICERS AND DIRECTORS  
11. TITLE  OFFICER  DIRECTOR  
NAME Guillermo S TORRES  
STREET ADDRESS Same Address  
CITY, ST, ZIP Miami, FL 33165  
12. TITLE  OFFICER  DIRECTOR  
NAME Tora Cauxe M...  
STREET ADDRESS Wilgen T...  
CITY, ST, ZIP Same Address 9810 SW 50 ST  
13. TITLE  OFFICER  DIRECTOR  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
14. TITLE  OFFICER  DIRECTOR  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11. TITLE  Officer  Director  
12. NAME  
13. STREET ADDRESS  
14. CITY, ST, ZIP  
15. TITLE  Change  Addition  
16. NAME  
17. STREET ADDRESS  
18. CITY, ST, ZIP  
19. TITLE  Change  Addition  
20. NAME  
21. STREET ADDRESS  
22. CITY, ST, ZIP  
23. TITLE  Change  Addition  
24. NAME  
25. STREET ADDRESS  
26. CITY, ST, ZIP  
27. TITLE  Change  Addition  
28. NAME  
29. STREET ADDRESS  
30. CITY, ST, ZIP  
31. TITLE  Change  Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY, ST, ZIP  
35. TITLE  Change  Addition  
36. NAME  
37. STREET ADDRESS  
38. CITY, ST, ZIP  
39. TITLE  Change  Addition  
40. NAME  
41. STREET ADDRESS  
42. CITY, ST, ZIP  
43. TITLE  Change  Addition  
44. NAME  
45. STREET ADDRESS  
46. CITY, ST, ZIP  
47. TITLE  Change  Addition  
48. NAME  
49. STREET ADDRESS  
50. CITY, ST, ZIP

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\*\*\*150.00

9/17

14. I declare that I am duly qualified to act as the registered agent for the corporation stated in Section 119.07(5)(6), Florida Statutes. I further certify that the information included on this annual report or supplement of information is true and correct to the best of my knowledge and belief, and that my name appears on the official record of the corporation in the public records of the State of Florida. I understand that this report is required by Chapter 607, Florida Statutes, and that my name appears on Block 11 of Block 15 of the report, and that my name appears on the official record of the corporation in the public records of the State of Florida.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/98, 275-07-02

CRSE034 (10/97)