"FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

22

23

24

Zip

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056554 (3)

MECHANICAL SECURITY CONTROLS CORP.

Country

SALMON, MAURICIO 8324 N.W. 68 ST.

MIAMI FL 33166

9. Name and Address of Current Registered Agent

Principal Place of Business	Mailing Address		
8324 N.W. 68 ST. Miami FL 33166	8324 N.W. 68 ST. Miami FL 33166		
Principal Place of Business			
2. Principal Place of Business	2a. Mailing Address		
2. Principal Place of Business	2a. Mailing Address		

27

29

City & State

Zip

3. Date Incorporated or Qualified 06/26/1997

5. Certificate of Status Desired

Applied For 65-0796323 Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

FILED

Apr 10 1998 8:00am

Secretary of State

Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent

83 84 City 85 Zip Code

Street Address (P.O. Box Number is Not Acceptable)

Country

30

office or re agent. I ar	agistered agent, or both, in the State of Florida. Such charm familiar with, and accept the obligations of, Section 607	nge was aut 7.0505, Florid	horized by the corpora da Statules.	tion's board of directors. I	hereby accept the app	pointment as	registered
SIGNATURE	Signature, typod or printed name of registered againt and title if applicable.		· · · · · · · · · · · · · · · · · · ·				
12.	OFFICERS AND DIRECTORS	(NOTE F	legistered Agent signature requi		DATE ES TO OFFICERS ANI	SPIDEOTOR	O 10 1 4 0
TITLE		ELETE	т	ADDITIONS/CHANG	ES TO OFFICERS ANI		
NAME	-	LLLIE	1.1 TITLE			Change	Additio
	SALMON, MAURICIO		1.2 NAME				
TREET ADDRESS	8324 N.W. 68 ST.		1.3 STREET ADDRESS				
ITY-ST-ZIP	MIAMI FL 33166		1.4 CITY - ST - ZIP				
ITLE	∐ D	FLETE	2.1 TITLE			Change	L Addition
AME			2.2 NAME				
TREET ADDRESS			2.3 STREET ADDRESS				
ITY-ST-ZIP			2. 4 CITY-ST-7IP				
ITLE	Di	ELETE	3.1 TITLE			Change	Additio
AME			3.2 NAME				
TREET ADDRESS			3.3 STREET ADDRESS				
ITY - ST - ZIP			3.4. CITY-ST-ZIP				
TLE	Di	FLETE	4.1 TITLE			Change	Addition
AME			4. 2 NAME				
TREET ADORESS			4.3 STREET ADDRESS				
ITY-ST-ZIP			4.4 CITY - ST - ZIP				
TLE	DE	ELETE	5.1 TITLE			Change	Addition
AME			5.2 NAME				
TREET ADDRESS			5.3 STREET ADDRESS				
ITY-ST-ZIP			5.4 CITY - ST - ZIP				
TLE	DI	LETE	6.1 TITLE			Change	Addition
AME			6.2 NAME				
TREET ADDRESS			6.3 STREET ADDRESS				
ITY-ST-ZIP			6 A CITY - ST - 7IP				

64 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 truttee 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 organ attachagent with an address.

nullnalas