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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700059307

1, Corporation Name

NETWORK FIRE PROTECTION & ALARMS, INC.

Principal Place of Business Mailing Address						1 18011841 (10 1811 1081 0811 4611 6611 8811 8811	(8188 11)	11 00111 1001 1001
13791-2 S.W. 147TH CIRCLE LANE 13791-2 S.W. 14 MIAMI FL 33186 MIAMI FL 33186			W. 147TH CIRCLE LANE 33186			DO NOT WRITE IN THIS SP	ACE	
						3. Date Incorporated or Qualifed	ACE	
		2a. Mailing Address				07/08/1997 4 FEI Number	1 (Applied For
-	; · · · · · · · · · · · · · · · · · · ·						Applied For Not Applicable	
21		26				65-0776256		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Co	untry	·-···	a. This corporation owes the current year Intang	ible	
24	25	29	30				Yes	□No
	g Name and Address of Curre		<u> </u>			10. Name and Address of New Registered Age	ent	
	<u></u>			81	Name			
ROD	RIGUEZ, JUAN A							
13791-2 S.W. 147TH CIRCLE LANE				82	Street Ad	ress (P.O. Box Number is Not Acceptable)		
MIAN	AI FL 33186			83				
	•							
				84	City	FL\	35 Zip	Code
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, F	TE: Registere	atutes ed Ager		ation's board of directors. I hereby accept the appointment of the directors of the property o		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND D] Changi	
TITLE	PSD	☐ pereie		TITLE) Orlang	,
NAME	RODRIGUEZ, JUAN A	LANE		NAME				ì
STREET ADDRESS	13791-2 S.W. 147TH CIRCLE	LANE			ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			CITY-S	T-ZIP		Change	e Addition
TITLE	VD DELE		2.1	2.1 TITLE		L	j Changi	a Madillon
NAME	Rodriguez, Raul		2.2	NAME				
STREET ADDRESS	13791-3 SW 147TH CIRCLE L	ANE	2.3	STREE	FADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		2.4	CITY-S	T-ZIP			
TITLE	{	☐ DELETE	3.1	TITLE) Change	e 🗍 Addition
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET	TADDRE\$\$			
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP			
TITLE	☐ DELETE		4.1	4.1 TITLE] Chang	e 🗌 Addition
NAME			4.2	NAME				
STREET ADDRESS			4.3	STREE	TADDRESS			
CITY-ST-ZIP			4.4	CITY-S	T-ZIP			
TITLE	DELETE		_	5.1 TITLE) Chang	e Addition
NAME			5.2	NAME				
STREET ADDRESS			5.3	STREET	T ADDRESS			
CITY-ST-ZIP			5.4	CITY-S	T-ZIP			}
TITLE		☐ DELETE		TITLE			Chang	e Addition
1144			6.2	NAME		·	*	,

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 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90041 006 ***150.00

A HARAKERA PIG KANA MARKI ARKIN RAKIN BAKAN BRIBI BIKIN PENGA KULU BAKIN 1866 1881