

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 # P98000020146**

1. Corporation Name  
**SECURITY BREAKTHROUGH INC.**

## Principal Place of Business

15476 NW 77 COURT  
STE 317  
MIAMI LAKES FL 33016

## Mailing Address

15476 NW 77 COURT  
STE 317  
MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

03/03/1998

## 4. FEI Number

65-0816696

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

## 6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐ Yes☒ No

## 9. Name and Address of Current Registered Agent

ALFONSO, GUILLERMO F  
15476 NW 77 COURT  
STE 317  
MIAMI LAKES FL 33016

## 10. Name and Address of New Registered Agent

## 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 ☐ DELETE

NAME **D ALFONSO, GUILLERMO**  
STREET ADDRESS **8851 NW 119 ST, APT 3305**  
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ DELETE

NAME **D ALFONSO, MARGARITA**  
STREET ADDRESS **8851 NW 119 ST, APT 3305**  
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

## 1.1 TITLE

☐ Change ☐ Addition

## 1.2 NAME

## 1.3 STREET ADDRESS

## 1.4 CITY-ST-ZIP

## 2.1 TITLE

☐ Change ☐ Addition

## 2.2 NAME

## 2.3 STREET ADDRESS

## 2.4 CITY-ST-ZIP

## 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 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.

SIGNATURE:

*Guillermo F. Alfonso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GUILLERMO F. ALFONSO**

4/28/99 (305) 826-5494  
Date Daytime Phone

CR2E034 (1/98)