FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S40291** **(4)**

1. Corporation Name

FEDERAL ALARM SECURITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
5722 SW 53RD TER MIAMI FL 33155	5722 SW 53RD TER MIAMI FL 33155

3. Date Incorporated or Qualified: **03/21/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **65-0250646** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MEDELL, PHILIPPE L.
922 WALLACE STR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: FERNANDO MARTINEZ
82 Street Address (P.O. Box Number is Not Acceptable): 5722 SW 53 TERRACE
83
84 City: S. MIAMI FL 85 Zip Code: 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1560, 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: FERNANDO MARTINEZ V.P. 02-09-96
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	AMAT, JOHN	
STREET ADDRESS	5722 SW 53RD TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	MARTINEZ, FERNANDO	
STREET ADDRESS	5722 SW 53RD TERRACE	
CITY-ST-ZIP	MIAMI FL	
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and 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 added to the report with an address.

SIGNATURE: FERNANDO MARTINEZ 02-09-96 305-661665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone