

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 12: 05

DOCUMENT # S43237 (4)

1. Corporation Name
FLORIDA SECURITY ELECTRONICS, INC.

Principal Place of Business Mailing Address
335 N.W. 136TH COURT MIAMI FL 33182
13830 SW 34TH STREET MIAMI FL 33175 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/04/1991** 3a. Date of Last Report **06/17/1994**

2. Principal Place of Business 2a. Mailing Address
21 **13830 SW 34 ST** 26

4. FEI Number **65-0252303** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **MIAMI FL** 28 City & State

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

24 Zip **33175** 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIEL ALFONSO
13830 SW 34TH STREET
MIAMI FL 33175

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 space for principal place of registered agent and for registered agent)

(Signature space for registered agent verification required when applicable)

12. OFFICERS AND DIRECTORS	
TITLE	0
NAME	DANIEL ALFONSO
STREET ADDRESS	13830 SW 34TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	0
NAME	LYDIA ALFONSO
STREET ADDRESS	13830 SW 34TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 193.032(1)(b), Florida Statutes. I further certify that the information included 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 on oath. That I am an eligible or qualified person for the removal of trusteeship as provided for herein on this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 1 of Block 12 of this report as an alternate agent with an address.

SIGNATURE: **DANIEL ALFONSO** PRES **1/9/95 (305) 221-8811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR