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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$86425

(3)

| AARROW BURGLAR AND FIRE ALARM SYSTEMS, INC. Principal Place of Business Mailing Address | | | | | |
|---|---|--|--|--|---|
| 8171 N.W. 67 STREET MIAMI FL 33166 US | | 8171 NW 67 STREET MIAMI FL 33166 US | | | |
| | | | | Date Incorporated or Qualified 10/10/1991 | 3a. Date of Last Report 04/27/1995 |
| | nce of Business | 2a. Mailing Address | HA.Chur | 4. FET Number 65-0294234 | Applied For Not Applicable |
| יל ל † ל Suite, Apt ∄ | OW. 24 AVENUE | 26 7750 W. 25 Suite, Apt. #, etc. | 4/IVEINUE | Certificate of Status Desired | \$8.75 Additional |
| 2 Suit | E#18 | 27 Suite 1 | <i>‡18</i> | b. Certalcate of Status Desired | Fee Required |
| Gity & State 3 HIALE | EAH, FL | City & State 28 HIALEAH | FL. | 6. Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| Ζφ 4 330 . | 16 25 DADE | 29 33016 | Country 30 DADE | | No |
| | 9. Name and Address of Curren | t Registered Agent | B4 Name | 10. Name and Address of New R | Registered Agent |
| RAMOS, JORGE H., ESQUIRE 2250 S.W. 3RD AVENUE THIRD FLOOR | | | 81 Name | | |
| | | 82 Street Add | | ress (P.O. Box Number is Not Acceptable) | |
| | | | 83 | | |
| | EL 33129 | | 84 City | | 85 Zip Code |
| | | | | oration submits this statement for the pur | FL |
| familiar wit | th and accept the obligations of Sect | da. Such change was authorize tion 607.0505, Florida Statutes. | d by the corporation's boa | ard of directors. I hereby accept the app | iointment as registered agent. Fant |
| familian wit SIGNATURE 12. | th and accept the obligations of, Sect | iion 607.0505, Florida Statutes. | d by the corporation's boat by the corporation's boat in the Bogoteon's Agricultural parts of the superior to present the superior to supe | ud wien renstating! ADDITIONS/CHANGES TO OFF | DATE ICERS AND DIRECTORS IN 12 |
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certity 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.

SIGNATURE:

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (345)819-4097