

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 # **S86425** (3)

1. Corporation Name

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

3. Date Incorporated or Qualified **10/10/1991** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **7750 W. 24 AVENUE**
Suite, Apt. #, etc.

26 **7750 W. 24 AVENUE**
Suite, Apt. #, etc.

4. FEI Number **65-0294234** Applied For Not Applicable

22 **SUITE # 18**
City & State

27 **SUITE # 18**
City & State

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

23 **MIAMI, FL**
Zip Country

28 **MIAMI, FL**
Zip Country

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

24 **33016** 25 **DADE**

29 **33016** 30 **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMOS, JORGE H., ESQUIRE
2250 S.W. 3RD AVENUE
THIRD FLOOR
MIAMI FL 33129

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 for all the filings)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CALDEVILLA, ALEX	
STREET ADDRESS	6441 NW 82ND AVE.	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	CALDEVILLA, ALEX	
1 3 STREET ADDRESS	7750 W. 24 AVE, #18	
1 4 CITY - ST - ZIP	MIAMI, FL 33016	
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Alex Caldevilla* Alex Caldevilla 1/30/96 (305) 819-4097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #

CR2E034 (12/95)