FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V52870** **(5)**

1. Corporate Name

ALARMS AND SOUNDS INC.

Principal Place of Business	Mailing Address
10975 SW 40TH ST. SUITE 303 MIAMI FL 33165 US	10975 SW 40TH ST SUITE 303 MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **07/24/1992**	3a. Date of Last Report: **04/27/1994**
4. FEI Number: **65-0347724**	☐ 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 is subject to provisions of Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business — 21 | Suite/Apt. # or 22 | City & State 23 | Zip 24 | County 25

2a. Mailing Address — 26 | Suite/Apt. # or 27 | City & State 28 | Zip 29 | County 30

9. Name and Address of Current Registered Agent

ALVAREZ, ARMANDO
10975 SW 40TH ST
SUITE 303
MIAMI FL 33165

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

12. OFFICERS AND DIRECTORS

Title	P
Name	ALVAREZ, ARMANDO
Street Address	5870 S.W. 91ST AVE.
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	
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 Title	☐ Change ☐ Addition
1 Name	
1 Street Address	
1 City-St-Zip	
2 Title	☐ Change ☐ Addition
2 Name	
2 Street Address	
2 City-St-Zip	
3 Title	☐ Change ☐ Addition
3 Name	
3 Street Address	
3 City-St-Zip	
4 Title	☐ Change ☐ Addition
4 Name	
4 Street Address	
4 City-St-Zip	
5 Title	☐ Change ☐ Addition
5 Name	
5 Street Address	
5 City-St-Zip	
6 Title	☐ Change ☐ Addition
6 Name	
6 Street Address	
6 City-St-Zip	

14. I (We) hereby certify that the information supplied with this filing is accurately transcribed 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 above, or on an attachment with an address.

SIGNATURE: Armando Alvarez ARMANDO ALVAREZ 4-25-95 889-8828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0178010 CP