## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

(5)

ALARMS AND SOUNDS INC.

| 189 |  |
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**FILED** 

May 11 1998 8:00am

Secretary of State

| Principal Plac                                    | e of Business  | Mailing Address                                 |                                       | i 10811 Griddi Gitth Hody (Dutt (Galf Osti Oldit  | #1811 #1911 #1811 #1811 #1911 1881 |
|---|--|---|---------------------------------------|---|------------------------------------|
| '10975 SW 40TH ST.<br>SUITE 303<br>MIAMI FL 33165 |  | 10975 SW 40TH ST<br>Suite 303<br>Miami Fl 33165 |                                       | DO NOT WRITE IN THIS SPACE  |                                    |
| US  |  |   |                                       | 3. Date Incorporated or Qualified 07/24/1992  |                                    |
| 2. Principal P                                    | lace of Business   | 2a. Mailing Address                             |                                       | 4. FEI Number   | Applied For                        |
|   | BIRD ROAD  | 26 12747 BiR                                    | DROAD                                 | 65-0347724  | Not Applicable                     |
| Suite, Apt.                                       | 3_   | Suite, Apt. #, etc.                             |                                       | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Regulred  |
| City & State 23 M/A                               |  | City & State  28 Mi A mi                        | FC                                    | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees     |
| Zio 331   | 75 Country<br>25 USA   | 29 83175 30                                     | Country                               | This corporation owes or has paid the<br>Personal Property Tax due June 30.                     | ☐ Yes ☐ No                         |
|   | 9. Name and Address of Current                                       | Registered Agent                                | 81 Name                               | 10. Name and Address of New Register  | <del></del>                        |
|   | VAREZ, ARMANDO   | CHANGE<br>OF<br>ADDRESS                         |                                       | ARMANDO ALVAN   |                                    |
|   | 97 <b>5 S</b> W 40TH ST<br>ITE <b>30</b> 3                           | CHANGE  | 82 Street Ad                          | Idress (P.O. Box Number is Not Acceptable)  | 303                                |
|   | MI FL 33165  | or ones>  | 83                                    | 797 20100 100119 4 2  |                                    |
| atite   | TINI 1 L 00100   | ADVIO   |                                       |   |                                    |
|   |  | 1 1   | 84 City                               | riam i  | -L 85 Zip Code 33/75               |
| 11. Pursuant                                      | to the provisions of Sections 607.0502                               | and 607.1508, Florida Statutes,                 | the above-named co                    | orporation submits this statement for the purporation's board of directors. I hereby accept the | se of changing its registered      |
| agent. I a  | m familiar wilk, and accept tly∮ obliga                              | liog⁄s of, Section₅607.0505, Florid             | la Statutes.                          | , ,   |                                    |
| SIGNATURE   |  | way   |                                       |   | - >0-98                            |
| 12.   | Signature, typest or printed name of registered agen<br>OFFICERS AND |   | agistered Agent signature red         | ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTORS IN 12                |
| TITLE   | P  | OF ADDRESS                                      | 1.1 DILE                              | PRESIDENT   | Change Addition                    |
| NAME  | <b>A</b> LVAREZ, ARMANDO   | MANGE   | 1.2 NAME                              | ALVANEZ ARMANDO   |                                    |
| STREET ADDRESS                                    | 5870 S.W. 91ST AVE.  | oca pres  | 1.3 STREET ADDRESS                    | ALVANEZ ARMANDO<br>12747 BIRROAD #303<br>MIAMI, FL 33/75  |                                    |
| CITY-ST-ZIP                                       | MIAMI FL   | 047.0   |                                       | MIAMI, FL 33/75   |                                    |
| TITLE   |  | DELETE  | 2.1 TITLE                             |   | Change Addition                    |
| NAME  |  |   | 2.2 NAME                              |   |                                    |
| STREET ADDRESS                                    |  |   | 2.3 STREET ADDRESS<br>2.4 City-St-Zip |   |                                    |
| CITY-ST-ZIP<br>TITLE                              |  | DELETE  | 3.1 TITLE                             |   | Change Addition                    |
| NAME  |  | <b>-</b>  | 3.2 NAME                              |   |                                    |
| STREET ADDRESS                                    |  |   | 3.3 STREET ADDRESS                    |   |                                    |
| CITY-ST-ZIP                                       |  |   | 3.4. C(1) - S1 - Z(P                  |   |                                    |
| TITLE   |  | DELFTE  | 4.1 TITLE                             |   | ☐ Change ☐ Addition                |
| NAME  |  |   | 4. 2 NAME                             |   |                                    |
| STREET ADDRESS                                    |  |   | 4.3 STREET ADDRESS                    |   |                                    |
| CITY-ST-ZIP<br>TITLE                              |  | DELETE  | 4.4 CITY-ST-ZIP<br>5.1 TITLE          |   | Change Addition                    |
| NAME  |  |   | 5.2 NAME                              |   | Clipitalia Clivatati               |
| STREET ADDRESS                                    |  |   | 5.3 STREET ADDRESS                    |   |                                    |
| City-St-Zip                                       |  |   | 5.4 CITY - \$1 - ZIP                  |   |                                    |
| TITLE   |  | ☐ DELETE  | 6.1 TITLE                             |   | Change Addition                    |
| NAME  | 11.  |   | G.2 NAME                              |   |                                    |
| STREET ADDRESS                                    | 1. ,   |   | 6.3 STREET ADDRESS                    |   |                                    |
| CITY-ST-ZIP                                       |  |   | 6.4 CITY - ST - ZIP                   |   |                                    |
| 14. I hereby o                                    | ertify that the information supplied wit                             | this filing does not qualify for the            | he exemption stated i                 | in Section 119.07(3)(i), Florida Statutes. I furthe   | r 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 of 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 a) attachment with an address