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

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

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

452065

(6)

ROBERT E. LASTRA ELECTRICAL CORP.

Principal Place of Business

**FILED** May 01 1998 8:00am Secretary of State



rminolipai riau	e of brandes	Maining Address							
10470 SW 83RD ST. Miami Fl 33176		10470 SW 93RD ST. MIAMI FL 33176				DO NOT WRITE IN	I TUIC CDAC	E	
							TITIS STAC		
					3.	Date Incorporated or Qualified			
2 Principal P	lace of Business	2a. Mailing Address			——————————————————————————————————————	06/26/1974 FEI Number		1.	
<del></del>	idea of Dualitiess	<del> </del>			**				plied For
Suite, Apt. #, etc.		26				59-1542935			t Applicable
22		Suite, Apt. #, etc.			5.	Certificate of Status Desired			Additional equired
City & State		City & State			6.	Election Campaign Financing	\$	5.00	May Be
23		28				Trust Fund Contribution			lo Fees
Zip	Country	Zip	Country		8.	This corporation owes or has paid t	the current y	ear Int	angible
24	25	29 30			Personal Property Tax due June 30. 🔀 Yes N			`No	
	9. Name and Address of Curren	it Registered Agent			10.	Name and Address of New Regis	tered Agen	-	
LA	STRA, ROBERTO		81	Na	ame		•		
10470 SW 93RD ST Miami FL 33176			82	≥ Str	reet Address (P	Address (P.O. Box Number is Not Acceptable)			
Mil	4MI FL 331/0		83	1					
			_						
			84	Cit	ty		FL 85	Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abov	e-nan	med corporation	n submits this statement for the purp	ose of char	ging it	s registered
agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607,0505. F	authorized b torida Statute	y the	corporation's b	poard of directors. I hereby accept the	he appointm	ent as	registered
SIGNATURE									
	Signature, typed or printed name of registered age	nt and title if applicable (NC	TE Registered Ac	jent sign	nature required when	reinslating)	DATE		
12. OFFICERS AND DIRECTORS 1					A	ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTOR	S IN 12
TITLE	P	DELETE	1.1 TITLE				□ c	hange	Addition
NAME	LASTRA,ROBERTO		1.2 NAME					-	
STREET ADDRESS	10470 S. W. 93RD ST.		1.3 STREE	T AIVORI	FGC				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-		200				
TITLE	ŠT ŠT	DELETE	2.1 TITLE	J1-211			□ Ĉ	hanne	Addition
NAME	LASTRA,MARY M.			2.2 NAME			ں ہے	i iai iyo	
STREET ADDRESS	10470 S. W. 93RD ST.								
1	MIAMI FL		2.3 STREE		- 1				
TITLE	MIMMI LE	DELETE	2.4 CITY-	ST-ZIP	<u>'                                      </u>				1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		☐ DETEI <b>¢</b>	3 1 TITLE				□с	nange	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADORE	ESS				ĺ
CITY+ST-ZIP		——————————————————————————————————————	3.4 CITY-	ST-ZIP					
TITLE		DELETE	4.1 TITLE		1		C	hange	☐ Addition
NAME			4. 2 NAME						ļ
STREET ADDRESS			4.3 STREE	ADORE	ESS				
CITY-ST-ZIP			4.4 CITY-:	ST-ZIP					
TITLE		DELETE	5.1 TIRE				Ci	nange	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	r addre	rss				
CITY-ST-ZIP			5.4 CITY-5	S7 - ZIP					
TITLE		DELET <b>e</b>	6.1 TITLE				CI	iange	☐ Addition
NAME			6.2 NAME				_	-	
STREET ADDRESS			6.3 STREET	r adorf	ess				
CITY-ST-ZIP			6.4 CITY-5						
44 1 1 2 2 2 2 2			0.4 0111-0	21-KIF		· · · · · · · · · · · · · · · · · · ·			

Thereby certify that the information supplied with this filing 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 if changed, or open attachment with an address.