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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(0)

FILED Feb 26 1998 8:00am Secretary of State

C.	NATIONAL ELECTROMECHA	ANICAL ENTERPRISES,	, IN		
Principal Place	of Business	Mailing Address		—Í I INDIIAN AIN DARA INDAN IIDEA BIRDA IDII DANA BII	TIT BYBLL GIGEL BYBIL BIBIL 1881
9450 S.W. 72ND STREET		9450 S.W. 72ND STREET			
SUITE #200C		SUITE #200C		DO NOT WRITE IN THE	00405
MIAMI FL 33173		MIAMI FL 33173		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
2. Principal P	lace of Business	2a. Mailing Address		10/05/1981 4. FEI Number	Applied For
21		26		59-2188261	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	1 - 1011-1-1	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
→ Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25		30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	PRASKI, LOUIS A., ESQ.		(e) Name		
BISCAYNE CENTRE STE 760			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	7-1646
11900 BISCAYNE BLVD			63	NE Migmi Gardens Or	, and FIC.
Mi	AMI FL 33181		83		
	$\sim M$		B4 City Mir	ami Beach Fl	- 23180
11. Pursuant to the provisors 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 an inhightening of 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.					
agent. I am familia Win, annaccept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE 21 20 198					
		A	Registered Agent signature requir		D DIDEOTODO IN 40
TOLE	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	SANMARTIN, PABLO ORTIZ	C) beach	1.7 TILE 1.2 NAME		C) circligo C Pagation
STREET ADDRESS	9450 SW 72ND ST. #200C		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 City-ST-ZiP		
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME	SCHECKER, MIRIAM		2.2 NAME		
STREET ADDRESS	9450 SW 72ND ST. #200C		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
RAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		□ D€LETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	***************************************	DELFTE	5.4 City-ST-ZiP		Change Addition
TITLE		L.J DECETE	6.1 ITILE		CT custifie CT MBOILION
NAME STREET ADODESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby c	ertify that the information supplied wi	th this filling loos not qualify to	r the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further of	ertify that the information
14. Thereby certify that the information supplied with this filling loss 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 supplied to the composition of th					

305) 279-5355