Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90110 012 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K58694

1. Corporation Name

SPARKLITE ELECTRICAL, INC.

Principal Place	e of Business .	Mailing Address				-	/II 8181) BIBII BIBII BI	MIT MIMIT SMM1	
% EVARISTO R. CRUCET			17000 NW 78 AVE						
17000 N.W. 78TH AVE.		17000 N.W. 78TH AVE.							
MIAMI FL 33015		MIAMI FL 30015			DO NOT WRITE IN THIS SPACE				
		US				3. Date Incorporated or Qualifed			
			· _ ··_			01/17/1989	· · · · · · · · · · · · · · · · · · ·		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	— 	olied For	
21		26		65-0092047		Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5Certificate of Status Desired	\$8.75 A	dditional			
22	, may	27			 _				
City & State		City & State		6. Election Campaign Financing	\$5.00				
23		28		Trust Fund Contribution	Added to	Fees			
Zip Country		Zip Country			8. This corporation owes the current year		□No		
24	25	29	30			Personal Property Tax. 10. Name and Address of New Register			
	9. Name and Address of Curro	ent Registered Agent		81	Name	10. Name and Address of New Register	ed Agent		
CRU	CET, EVARISTO R.			"	Name				
17000 N.W. 78TH AVE.				82	Street Addres	ress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33015								———	
3411/-34	W 1 F 20010	•		83					
				84	City		85 Zip C	ode	
					<u> </u>		L		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida State	utes, the al	bove I hv t	-named corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	i of changing its r pointment as rec	registered sistered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fl	lorida Stati	utes.	and dorporation	To Board of Chrosters and Copy Consept and Cap	,		
SIGNATURE								\	
	Signature, typed or printed name of registered a			Agent	signature required			DO 01.40	
12.		AND DIRECTORS	13.	n.c		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	PD	☐ DELETE	1.1 TF				Griango		
NAME	CAPO, HUGO		1.2 NA						
STREET ADDRESS	19720 N.W. 46TH AVE.		•		ADDRESS			1	
CITY-ST-ZIP	OPA LOCKA FL			TY-ST	-ZIP				
TITLE	VSD	☐ DELETE	2.1 Π	ΠÆ	1		Change	[] Addition	
NAME	CRUCET, EVARISTO R.						Change	Addition	
STREET ADDRESS	17000 N.W. 78TH AVE.		22 N	AME.			Change	Addition	
CITY-ST-ZIP	£				ADDRESS		☐ Change	Addition	
	MIAMI FL		2.3 ST	TREET		 -			
TITLE	£	□ DELETE	2.3 \$1	TREET		<u>-</u> -	☐ Change	Addition	
TITLE NAME	£	□ DELETE	2.3 ST	reet Ity-st Tle		 -			
,	£	□ DELETE	2.3 ST 2.4 C 3.1 Tr 3.2 N	TREET TY-ST TLE AME		** -			
NAME	£		2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST	TREET TY-ST TLE AME	ADDRESS	• • <u>-</u>	Change	Addition	
NAME STREET ADDRESS	£	☐ DELETE	2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST	TREET TLE AME TREET TTY-S1	ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP	£		2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 3.4. C	TREET TLE AME TREET TTY-ST	ADDRESS		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	£		2.3 ST 2.4 C 3.1 Tf 3.2 N/ 3.3 ST 3.4 C 4.1 Tf 4.2 N/	TREET TLE AME TREET TTY-ST TLE AME	ADDRESS	•	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	£		2.3 ST 2.4 C 3.1 TF 3.2 NV 3.3 ST 3.4. C 4.1 TF 4.2 N 4.3 ST	TREET TLE AME TREET TTY-ST TLE AME	ADDRESS T-ZIP ADDRESS		☐ Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	£	☐ DELETE	2.3 ST 2.4 C 3.1 TF 3.2 NV 3.3 ST 4.4 CF 5.1 TF 5.2 NV 5.3 ST 5.3	TREET TTY-ST TLE TREET TTY-ST TLE AME TREET TTY-ST TTY-ST TLE AME	ADDRESS T-ZIP ADDRESS -ZIP ADDRESS		☐ Change ☐ Change	Addition Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	£	☐ DELETE	2.3 ST 2.4 C 3.1 TF 3.2 NV 3.3 ST 4.4 C I 5.1 TF 5.2 NV 5.3 ST 5.4 C I 5.5 ST 5.4 C I 5.4 C I 5.4 C I 5.4 C I 5.5 ST 5.4 C I 5	TREET TITY-ST TILE AME TREET TITY-ST TILE AME TREET TITY-ST TILE TREET TITY-ST TILE TITY-ST TILE	ADDRESS T-ZIP ADDRESS -ZIP ADDRESS		☐ Change ☐ Change	Addition Addition	

14. I hereby certify that the information supplied with this tiling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annu-officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attachment

SIGNATURE:

CITY-ST-ZIP