Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90063 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L90849

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	TO ELECTRIC CENTER, COR	RP.		I HERNYAKI AKA IBANYA BANGA HENIK SIRAB KANDA BIR	NI SUBIN BIBNI BIBNI BIBNI SIBNI ITA
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Principal Plac	ce of Business	Mailing Address		F SMB (INT) AND CARRY MAS OF INCIDENT AREA DEST AND	IS MIRST DIGIS MIRST DIDIS MEMILIONI
2119 N. STATI		2119 N. STATE RD. 7			•
	FL 33021-3806	HOLLYWOOD FL 33021-3800	6	DO NOT WRITE IN Th	IIC CDACE
	•			DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IIO SPACE
				07/30/1990	
	D) (D)	2n Mailian Addraga		4. FEI Number	Applied For
¬ :	Place of Business	2a. Mailing Address		65-0213540	Not Applicable
Suite, Apt	t # etc	Suite, Apt. #, etc.			\$8.75 Additional
		27		5. Certifcate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip i	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
!	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
į Įm.	O DIANI MA O É A OLIA DEL		81 Name		
	AS, JUAN M & LACHAPEL		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	CARLOS M.		<u> </u>	·	
II	19 N. STATE RD. 7		83		
HO	LLYWOOD FL 33021		84 City		85 Zip Code
					L 33 Zip Godd
11. Pursuan	nt to the provisions of Sections our Josu	2 and 607.1508, Florida Statute	es, the above-named of	corporation submits this statement for the purpose	nointment as registered
11. Pursuan office or agent. I SIGNATURE	r registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was at tions of, Section 607.0505, Flor	amonzed by the corpo rida Statutes.	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as registered
office or agent. I SIGNATURE	r registered agent, or both, in the State am familiar with, and accept the obliga	of Horida, Such change was at tions of, Section 607.0505, Flor and title if applicable. (NOTE:	ida Statutes. Registered Agent signature re	quired when reinstating) DATE	
office or agent. I SIGNATURE 12.	r registered agent, or both, in the State am familiar with, and accept the obligated and accept the obligated agent of printed name of registered agent of the state	of Florida, Such change was at tions of, Section 607.0505, Flor	amonzed by the corpo rida Statutes.	Pation's board of directors. Thereby accept the ap	
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CITY-ST-ZIP 14. I hereby 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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \

NAME

STREET ADDRESS