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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

# **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90110 045 \*\*\*158.75

## DOCUMENT # **L99472**

1. Corporation Name

| WED ELECTRICAL CONTRAC                              | iono, ileo.   |                          |                            |  |                        |                    |
|---|---|--------------------------|----------------------------|--|------------------------|--------------------|
| Principal Place of Business                         | Mailing Address   |                          |                            | I (EBITALI BIO JEIRO LOTTI BIOTI ZOBLE JIOT DIA  | II WINII NINII NINII 1 | Milit Brant 1881   |
| 13800 SW 8TH ST                                     | 13800 SW 8TH ST   |                          |                            |  |                        |                    |
| STE 268 STE 268                                     |   |                          |                            |  |                        |                    |
| MIAMI FL 33184 MIAMI FL 33184                       |   |                          | DO NOT WRITE IN THIS SPACE |  |                        |                    |
| US US   |   |                          |                            | 3. Date Incorporated or Qualifed   |                        |                    |
| a Drivate of Draw of Brainson                       | 2a. Mailing Address   |                          |                            | 09/13/1990<br>4. FEI Number  | LIAD                   | plied For          |
| · · ·   |   |                          |                            | 65-0216578   | <u> </u>               | ot Applicable      |
| 21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc. |   |                          |                            |  | \$8.75                 |                    |
| 22 27   |   |                          |                            | 5. Certifcate of Status Desired  | •                      | equired            |
| City & State  | City & State  |                          |                            | 6. Election Campaign Financing   | \$5.00                 | May Be             |
| 23  | 28  |                          |                            | Trust Fund Contribution  |                        | to Fees            |
| Zip Country   | Zip   | Country                  |                            | 8. This corporation owes the current year  | Intaggible             |                    |
| 24 25   | 29 30   |                          |                            | Personal Property Tax.   | Yes                    | □No                |
|   | of Current Registered Agent   | Ţ <u>,</u>               |                            | 10. Name and Address of New Register   | ed Agent               |                    |
| FI SAO ASIOURI                                      |   | 81                       | Name                       | •  |                        |                    |
| ELIAS, MIGUEL                                       |   | 82                       | Street A                   | Address (P.O. Box Number is Not Acceptable)  |                        |                    |
| 13800 SW 8TH ST                                     |   |                          |                            |  |                        |                    |
| STE 268   |   | 83                       |                            |  |                        |                    |
| MIAMI FL 33184                                      |   | 84                       | City                       |  | 85 Zip                 | Code               |
|   |   |                          |                            | F  |                        |                    |
| office or registered agent or both in               | the State of Florida. Such change was auth<br>the obligations of, Section 607.0505, Florida | orized by i              | the corpo                  | corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap | pointment as re        | egistered          |
| Signature, typed or printed name of re              |   | gistered Agen            | t signature re             | quired when reinstating) DATE  |                        |                    |
|   | ICERS AND DIRECTORS   | 13.                      | - 1                        | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTO Change     | ORS IN 12 Addition |
| TITLE PD  | DELETE  | 1.1 TITLE                |                            | •  | Change                 |                    |
| NAME ELIAS, MIGUEL                                  |   | 1.2 NAME                 |                            | 202 11/1) 174 AVP.   |                        |                    |
| STREET ADDRESS 9141 NW 152 ST.                      |   | 1.3 STREET               | 1                          | 220 NW 124 Art.<br>Miami , Fl. 33182   |                        | -                  |
| CITY-ST-ZIP MIAMI FL                                | DELETE  | 1.4 CITY-ST              | r-ZIP                      | MICHT 171. 22182   | □ Change               | Addition           |
| TITLE   | □ DELETE  | 2.1 TITLE                | 1                          |  | Ondingo                |                    |
| NAME  |   | 2.2 NAME                 |                            |  |                        |                    |
| STREET ADDRESS                                      |   | 2.3 STREET               | 1                          |  |                        |                    |
| CITY-ST-ZIP   | ☐ DELETE  | 2.4 CITY-S'<br>3.1 TITLE | 1-ZIP                      |  | ☐ Change               | Addition           |
| TITLE   |   |                          |                            |  |                        |                    |
| NAME  |   | 3.2 NAME<br>3.3 STREET   | ADDDESS                    |  |                        | 1                  |
| STREET ADDRESS                                      |   | 3.4 CITY-S               | - 1                        |  |                        |                    |
| CITY-ST-ZIP TITLE                                   | ☐ DELETE  | 4.1 TITLE                | 11-ZIF                     |  | Change                 | ☐ Addition         |
|   | <u> </u>  | 4.2 NAME                 | ļ                          |  | _ ,                    |                    |
| NAME<br>etpeet annoese                              |   | 4.2 NAME                 | ADORESS                    |  |                        |                    |
| STREET ADDRESS                                      |   | 4.4 CITY-S1              | 1                          |  |                        | ,                  |
| CITY-ST-ZIP TITLE                                   | □ DELETE 5.1 TI   |                          | - LIF                      |  | ☐ Change               | Addition           |
| NAME  |   | 5.2 NAME                 |                            |  | _ •                    |                    |
| STREET ADDRESS                                      |   | 5.3 STREET               | ADDRESS                    |  |                        |                    |
| CITY-ST-ZIP   |   | 54 CITY-ST               | - 1                        |  |                        |                    |
| TITLE   | ☐ DELETE  | 6.1 TITLE                |                            |  | ☐ Change               | ☐ Addition         |
| NAME  |   | 6.2 NAME                 |                            |  |                        |                    |
| STREET ADDRESS                                      |   | 6.3 STREET               | ADDRESS                    |  |                        |                    |

6.4 CITY-ST-ZIP 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 arachment with an address, with all other like empowered.

SIGNATURE: