

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mosham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M56717** (5)

1. Corporation Name  
**DELTA WYE ELECTRICAL CONTRACTOR, INC.**



Principal Place of Business: **4731 N.W. 4 TERRACE MIAMI FL 33126**  
Mailing Address: **4731 N.W. 4 TERRACE MIAMI FL 33126**

2. Principal Place of Business: 21 State, Apt., etc.: 22 City, & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State, Apt., etc.: 27 City, & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **08/04/1987**  
3a. Date of Last Report: **01/27/1995**  
4. FEI Number: **59-2825874**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**FELIZ, MANUEL  
4731 N.W. 4 TERRACE  
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0400 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 6, Chapter 6, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME: <b>PD FELIZ, MANUEL</b>	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS: <b>4731 N.W. 4 TERRACE MIAMI FL</b>	
12.3	CITY, STATE, ZIP: <b>STD FELIZ, REBECCA</b>	<input type="checkbox"/> DELETE
12.4	STREET ADDRESS: <b>4731 N.W. 4 TERRACE MIAMI FL</b>	
12.5	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.6	NAME: _____	
12.7	STREET ADDRESS: _____	
12.8	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.9	NAME: _____	
12.10	STREET ADDRESS: _____	
12.11	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.12	NAME: _____	
12.13	STREET ADDRESS: _____	
12.14	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.15	NAME: _____	
12.16	STREET ADDRESS: _____	
12.17	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.18	NAME: _____	
12.19	STREET ADDRESS: _____	
12.20	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.21	NAME: _____	
12.22	STREET ADDRESS: _____	
12.23	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.24	NAME: _____	
12.25	STREET ADDRESS: _____	
12.26	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.27	NAME: _____	
12.28	STREET ADDRESS: _____	
12.29	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.30	NAME: _____	
12.31	STREET ADDRESS: _____	
12.32	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.33	NAME: _____	
12.34	STREET ADDRESS: _____	
12.35	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.36	NAME: _____	
12.37	STREET ADDRESS: _____	
12.38	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.39	NAME: _____	
12.40	STREET ADDRESS: _____	
12.41	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.42	NAME: _____	
12.43	STREET ADDRESS: _____	
12.44	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.45	NAME: _____	
12.46	STREET ADDRESS: _____	
12.47	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE
12.48	NAME: _____	
12.49	STREET ADDRESS: _____	
12.50	CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE

13.1	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME: _____	
13.3	STREET ADDRESS: _____	
13.4	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	TITLE: _____	
13.6	NAME: _____	
13.7	STREET ADDRESS: _____	
13.8	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	TITLE: _____	
13.10	NAME: _____	
13.11	STREET ADDRESS: _____	
13.12	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	TITLE: _____	
13.14	NAME: _____	
13.15	STREET ADDRESS: _____	
13.16	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	TITLE: _____	
13.18	NAME: _____	
13.19	STREET ADDRESS: _____	
13.20	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21	TITLE: _____	
13.22	NAME: _____	
13.23	STREET ADDRESS: _____	
13.24	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.25	TITLE: _____	
13.26	NAME: _____	
13.27	STREET ADDRESS: _____	
13.28	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.29	TITLE: _____	
13.30	NAME: _____	
13.31	STREET ADDRESS: _____	
13.32	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.33	TITLE: _____	
13.34	NAME: _____	
13.35	STREET ADDRESS: _____	
13.36	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.37	TITLE: _____	
13.38	NAME: _____	
13.39	STREET ADDRESS: _____	
13.40	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.41	TITLE: _____	
13.42	NAME: _____	
13.43	STREET ADDRESS: _____	
13.44	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.45	TITLE: _____	
13.46	NAME: _____	
13.47	STREET ADDRESS: _____	
13.48	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.49	TITLE: _____	
13.50	NAME: _____	
13.51	STREET ADDRESS: _____	
13.52	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.53	TITLE: _____	
13.54	NAME: _____	
13.55	STREET ADDRESS: _____	
13.56	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.57	TITLE: _____	
13.58	NAME: _____	
13.59	STREET ADDRESS: _____	
13.60	CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If 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, as follows:

SIGNATURE: *Manuel Feliz* **Manuel Feliz** 1-18-96 305-4421434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)