Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90026 032 ***163.75

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058011

1. Corporation Name

SHAGO FLECTRIC, INC.

Principal Place of Business Mailing Address						II MAINI AI(N) IKIIS NAINS ISAAL IJAA 1806
9720 SW 118 ST 9720 SW 118 ST						
MIAMI FL 33176 MIAMI FL 33176						
US US			DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed	
ļ					07/27/1995	
2. Principal Place of Business 2a. Mai		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
21		26		65-0601324	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 28		⊢			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current y	ear Intangible
24	25	29 30	آ ا		Personal Property Tax.	∐ Yes ∑ nNo
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Regis	stered Agent
	<u></u>		81	Name		
FERRER, JUAN C				<u> </u>	(0.0.0)	
2333 PONCE DE LEON BLVD			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
PH SUITE 1120			83	1		
CORAL GABLES FL 33134			"			·
CONTR. WIDECO I E CONTR.			84	City		FL 85 Zip Code
11. Pursuant to the provisions 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 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						
office or n	egistered agent, or both, in the State o	if Florida. Such change was auth	iorized by	tne corpora	ation'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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				nt signature requ	uired when reinstating)	ATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE Dice-Hesident Dizette Ferrer-Garcia 1700 Sw 118 St	Change 💢 Addition
NAME	OARON CANTIAGO		1.2 NAME	į (izette Ferrer-Garan	
STREET ADDRESS		560 NB 54	13 STREE	TADDRESS C	1700 SW 118 ST	ļ
	MIAMI FL 33165 Wali,	TI 22176	1.4 C(TY-S		Hiau, P 33176	
CITY-ST-ZIP TITLE	MICHAEL COSTOS PICCEST	DELETE	2.1 TITLE	, - 4"		☐ Change ☐ Addition
)			2.2 NAME			=
NAME				TADDRESS		
STREET ADDRESS			1	[
CITY-ST-ZIP		- DELETE	2.4 CITY-5	51-ZIP		Change Addition
TITLE	-	- DELETE	3.1 TITLE			. , Lancinger is Chromin
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Change C Addition
TITLE		☐ DELETE	4.1 TITLE]		Change Addition
NAME			4. 2 NAME	1		
STREET ADDRESS	•		4.3 STRÉE	T ADDRESS		
CITY-ST-ZIP			4.4 C/TY-S	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			

STREET ADDRESS 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 ap attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

infago (Sarcic

☐ Addition

Change