

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

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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90010 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000028229

1. Corporation Name
SWITCH ELECTRIC COMPANY, INC.



Principal Place of Business 11090 S.W. 58TH TERRACE MIAMI FL 33173	Mailing Address 11090 S.W. 58TH TERRACE MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11542 SW 152 PLACE		2a. Mailing Address 26 11542 SW 152 PLACE		3. Date Incorporated or Qualified 03/26/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0823564	
City & State 23 MIAMI, FL		City & State 28 MIAMI, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33196		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33196		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROJAS, ANA M 11090 S.W. 58TH TERRACE MIAMI FL 33173				10. Name and Address of New Registered Agent			
81 Name				81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)				82 Street Address 11542 SW 152 PLACE			
83				83			
84 City				84 City MIAMI		85 Zip Code 33196	

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ana M. Rojas*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, RAFAEL JR.	1.2 NAME	
STREET ADDRESS	11090 S.W. 58TH TERRACE	1.3 STREET ADDRESS	11542 SW 152 PLACE
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, ANA M	2.2 NAME	
STREET ADDRESS	11090 S.W. 58TH TERRACE	2.3 STREET ADDRESS	11542 SW 152 PLACE
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Rafael Rojas* **REQUIRED** 3/26/99 305-388-6598
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)