


FILED
Feb 18, 1999 8:00 am
Secretary of State

02-18-1999 90050 008 ***150.00

 <p>PROFIT CORPORATION ANNUAL REPORT 1999</p>	<p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # P98000052757

1. Corporation Name
MIAMI PUBLIC LIGHTING, INC.



Principal Place of Business 13935 SW 252 ST. HOMESTEAD FL 33032	Mailing Address 13935 SW 252 ST. HOMESTEAD FL 33032
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1998			
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 65-0910357			
25	26	27	28	Applied For Not Applicable			
29	30	5. Certificate of Status Desired <input type="checkbox"/> \$3.75 Additional Fee Required					
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
VILA, JAVIER 13935 SW 252 ST. HOMESTEAD FL 33032				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
				10. Name and Address of New Registered Agent			
				81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
				85 Zip Code	FL		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRERO, FREDDY	1.2 NAME	
STREET ADDRESS	13935 SW 252 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILA, JAVIER	2.2 NAME	
STREET ADDRESS	13935 SW 252 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILA, JORGE	3.2 NAME	
STREET ADDRESS	13935 SW 252 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032	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: *Jorge Vila* DATE: 1-29-99 305-257-1491

CR2E034 (1/1/98)