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 Feb 04, 1999 8:00 am Secretary of State

02-04-1999 90014 038 ***158.75

| DOCU | MENT # V69647 | | | | | |
|---|---|-----------------------------------|---------------------|-----------------------|---|---|
| i. Corporatio | | • | | | | |
| all ele | CTRIC OF RECOEL CORP. | | | | Ì | • |
| | | | | | | |
| Principal Plac | e of Business | . Mailing Address | | |) INDER OUT OF BUILD BUILD BY THE BY | ði gjöki diður árðis erart gíðið alðus tagt |
| 20785 S.W. 256TH ST. 20785 S.W. 256TH ST. | | | | | | |
| MIAMI FL 33031 MIAMI FL 33031 | | | | | | |
| | | - | | | DO NOT WRITE I | N THIS SPACE |
| | | | | | 3. Date Incorporated or Qualifed 10/08/1992 | |
| 2 Dissipal D | Ness of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| — · · · · · · · · · · · · · · · · · · · | | | | | 65-0361753 | Not Applicable |
| Suite, Apt. | #. etc. | | Suite, Apt. #, etc. | | | / \$8.75 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | . Fee Required |
| City & Stat | te | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | _ | | Trust Fund Contribution | Added to Fees |
| Zip | Country | | | у | 8. This corporation owes the current | |
| 24 | 25 | | 30 | | Personal Property Tax. | ☐ Yes ☐ No |
| | 9. Name and Address of Curren | t Registered Agent | | 4 14 | 10. Name and Address of New Regi | stered Agent |
| LON | * | | 8 | 1 Name | | |
| LONDONO, CARLOS 20785 S.W. 256TH ST. | | | | 2 Street Add | ress (P.O. Box Number is Not Acceptable |) |
| | MI FL 33031 | | 1 | | | |
| *************************************** | | | 83 | 3 | | The Marine Land |
| | A STEET OF | á. | 84 | 4 City | | FL 85 Zip Code |
| 40000 | 2 1 | | 4 - 4 | | | |
| " office or r | registered agent, or both, in the State | of Florida. Such change was at | uthorized by | y the corporati | poration submits this statement for the pur on's board of directors. I hereby accept th | e appointment as registered |
| agent, 1 a | im familiar with, and accept the obliga- | tions of, Section 607.0505, Flor | ida Statute | S. | | |
| SIGNATURE | Signature, typed or printed name of registered agen | A and title if anniforable (NOTE: | Bouletored Ass | ant nignatura require | ed when reinstating) | DATE |
| 12. | | D DIRECTORS | 13. | ent aignaturo requit | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | PTD | ☐ DELETE | 1.1 TITLE | | | Change |
| NAME | LONDONO, CARLOS A. | | 1.2 NAME | : | | |
| STREET ADDRESS | ANTAR ALL AFATTIL AT | | 1.3 STREE | ET ADORESS | | Y |
| CITY-ST-ZIP | MIAMI: FL | , | 1.4 CITY- | ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | | Change Addition |
| NAME | LONDONO, LUCY M. | | 2.2 NAME | : | | - |
| STREET ADDRESS | 20785 S.W. 256TH ST. | | 2.3 STRES | ET ADORESS | | |
| CITY-ST-ZIP_ | MIAMI FL | | 2. 4 CITY- | ST-ZIP | | |
| TITLE | 1 | ☐ DELETE | 3.1 TITLE | | , | ☐ Change ☐ Addition |
| NAME | LONDONO, ELIZABETH J. | | 3.2 NAME | | | [|
| STREET ADDRESS | | | 3.3 STREE | ET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4. CITY- | ·ST-ZIP | | |
| TITLE , | | DELETE | 4.1 TITLE | | | Change Addition |
| NAME | | • | 4. 2 NAME | <u> </u> | | |
| STREET ADDRESS | * , . | • | | ET ADDRESS | • | |
| CITY-ST-ZIP | | | 4.4 CITY- | | | Change DAddition |
| TITLE . | | ☐ DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | Į. | • • | |
| STREET ADDRESS | | | | ET ADDRESS | | , , |
| CITY-ST-ZIP | \$15,784 1V 1 2 1 1 1 1 1 1 | ☐ DELETE | 5.4 CITY-1 | | | Change Addition |
| TITLE | | ™ nere (¢ | 6.2 NAME | | • | |
| NAME STREET ADDOCCO | The second second | | | ET ADORESS | • | |
| STREET ADORESS | · · | | 2.5 G 11 (C) | | | |

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6 /99

321-2450006

Daytime Phone

111/