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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 620928



Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

04-23-1999 90052 004 \*\*\*150.00

1. Corporation RAFE EL  Principal Place	ECTRIC CORPORATION	Mailing Ad	ddress							
6237 S.W. 26TH STREET		4545 N.W.	4545 N.W. 7TH STREET							
MIAMI FL 33155		12	· <del>-</del>				DO NOT WRITE IN THIS SPACE			
		MIAMI FL : US	33126				3. Date Incorporated or Qualifed	,. ,, ,		
	•	00					05/30/1979			
2 Principal Pl	ace of Business	2a. Mailing	g Address				4. FEI Number		A	pplied For
21			26				59-1911317		N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	 7	\$8.75	Additional
22		27	27				5. Certificate of Status Desired		Fee R	equired
City & State	9	City &	City & State				6. Election Campaign Financing \$5.00 May Be			
23	·	28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip	_		untry		8. This corporation owes the current			
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered A	Agent		81	Name	10. Name and Address of New Reg	istered:A	Agur	
MOR	IALES, RAUL				"	Maine			٠,	
	SW 26TH STREET				82	Street Addres	ss (P.O. Box Number is Not Acceptable	) Q		
	AI FL 33155							<u> </u>		<del></del>
Muran					83		·			
	•		•		84	City		FC.	85 Zip	Code
11 5	1. Il.	500 and 607 150	9 Elorido Statute	e the s	above	-named cornor	ration submits this statement for the our	nose of c	l I nanging it	s registered
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Suci gations of, Sectio	h change was au n 607.0505, Flori	thorize ida Sta	d by tutes.	the corporation	ration submits this statement for the purification of directors. I hereby accept the	e appoint	ment as r	egistered -
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicab	le. (NOTE: I	Registered	d Ägeni	t signature required v	when reinstating)	DATE		
12.	OFFICERS /	AND DIRECTORS	5	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P		DELETE	1.1 T	TLE				Change	Addition
NAME	MORALES, RAUL			1.2 N	IAME					
STREET ADDRESS	6237 SW 26 ST					ADDRESS				
CITY-ST-ZIP	BALABAL EL.			1.3 S	TREET	, 20, 200				
TITLE	MIAMI FL			1.4 C	лу- <u>\$</u> 1				C Characa	- Addition
	S .		□ DELETE	1.4 C 2.1 T	TTLE				☐ Change	Addition
NAME	S Morales, Miriam		□ DELETE	1.4 C 2.1 T 2.2 N	OTY-ST TILE LAME	-ZIP			☐ Change	Addition
į	S Morales, Miriam 6237 SW 26 ST.		☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S	OTY-ST TILE LAME STREET	ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	S Morales, Miriam			1.4 C 2.1 T 2.2 N 2.3 S 2.4 C	CITY-ST TITLE LAME STREET CITY-S	ADDRESS	•			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	S Morales, Miriam 6237 SW 26 ST.		□ DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T	CITY-ST TITLE LAME STREET CITY-S	ADDRESS	•		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S Morales, Miriam 6237 SW 26 ST.			1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	CITY-ST TILE LAME STREET CITY-S TILE LAME	ADDRESS T-ZIP	•			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S Morales, Miriam 6237 SW 26 ST.			1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	TITLE  VAME  STREET  CITY-S  TITLE  VAME  VAME  STREET	ADDRESS T-ZIP ADDRESS	•			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Morales, Miriam 6237 SW 26 ST.		DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	CITY-ST TITLE  VAME STREET CITY-S TITLE  VAME STREET CITY-S CITY-S CITY-S	ADDRESS T-ZIP ADDRESS	•		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S Morales, Miriam 6237 SW 26 ST.			1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	CITY-ST TITLE  CITY-ST TITLE  WAME  STREET CITY-ST TITLE  CITY-ST TITLE	ADDRESS T-ZIP ADDRESS	•			Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S Morales, Miriam 6237 SW 26 ST.		DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I	CITY-ST TITLE  LAME STREET CITY-ST TITLE  LAME STREET CITY-ST TITLE  NAME	ADDRESS T-ZIP  ADDRESS T-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S Morales, Miriam 6237 SW 26 ST.		DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 M	CITY-ST TITLE  LAME STREET CITY-ST TITLE  LAME STREET CITY-ST TITLE  NAME STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	S Morales, Miriam 6237 SW 26 ST.		DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I 4.3 S 4.4 C	CITY-ST TITLE  LAME STREET CITY-ST TITLE  LAME STREET CITY-ST TITLE  NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		<u> </u>	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	S Morales, Miriam 6237 SW 26 ST.		☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T	CITY-ST TITLE  LAME STREET CITY-S TITLE  LAME LAME LAME LAME LAME LAME LAME L	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		<u> </u>	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S Morales, Miriam 6237 SW 26 ST.		☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N	CITY-STITLE  LAME  LAME  STREET  CITY-S  TITLE  LAME  STREET  CITY-S  TITLE  LAME  LAME  TITLE  LAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		<u> </u>	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	S Morales, Miriam 6237 SW 26 ST.		☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 . C 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	CITY-STITLE  LAME  LAME  STREET  CITY-S  TITLE  LAME  STREET  CITY-S  TITLE  LAME  LAME  TITLE  LAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	•	<u> </u>	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S Morales, Miriam 6237 SW 26 ST.		☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	CITY-SITTLE  CITY-	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	•	**	☐ Change	Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	S Morales, Miriam 6237 SW 26 ST.		DELETE  DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.4 C 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	CITY-SITILE  VAME  GREET  CITY-SITILE  VAME  CITY-SITILE  VAME  CITY-SITILE  VAME  CITY-SITILE  VAME  CITY-SITILE  CITY-SITILE  VAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	•	**	☐ Change	Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Morales, Miriam 6237 SW 26 ST.		DELETE  DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	CITY-SITTLE  AME STREET CITY-S' TITLE  NAME CITY-S' TITLE  NAME STREET  CITY-S' TITLE  NAME STREET  TITLE  NAME STREET  TITLE  NAME STREET  NAME STREET  NAME  NAME STREET  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	•	**	☐ Change	Addition  Addition

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.

305-666-4345