

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 11 PM 8:25

**DOCUMENT # 175271 (6)**

1. Corporation Name

**PECO INTERNATIONAL ELECTRIC, INC**

Principal Place of Business

**7983-85 NW 33RD ST  
MIAMI FL 33122**

Mailing Address

**7983-85 NW 33RD ST  
MIAMI FL 33122**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**09/15/1953**

3a. Date of Last Report

**07/06/1994**

4. FEI Number

**59-0999927**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under ss. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

City & State

**27**

City & State

**23**

Zip

Country

**28**

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILBRIDE, JAMES F. ESQ.-  
ONE BISCAYNE TOWER, 15TH FLOOR  
MIAMI FL 33131**

81. Name

**EDWARD P. GUTTENMACHER**

82. Street Address (P.O. Box Number is Not Acceptable)

**19 W. FLAGLER ST. 14th Floor**

83.

84. City

**MIAMI**

**FL**

85. Zip Code

**33130**

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

**EDWARD P. GUTTENMACHER**

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent Signature Required when reinstating)

DATE

**4/1/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | <b>S</b>                    |
| NAME            | <b>LOPEZ, JOSE, SR.</b>     |
| STREET ADDRESS  | <b>6600 S.W. 75TH COURT</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |
| TITLE           | <b>PD</b>                   |
| NAME            | <b>LOPEZ, JOSE I. JR</b>    |
| STREET ADDRESS  | <b>6600 S.W. 75TH COURT</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |
| TITLE           | <b>AS</b>                   |
| NAME            | <b>LOPEZ, DELIA</b>         |
| STREET ADDRESS  | <b>6600 S.W. 75TH COURT</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |
| TITLE           | <b>VPD</b>                  |
| NAME            | <b>LOPEZ, JULIO</b>         |
| STREET ADDRESS  | <b>6600 S.W. 75TH COURT</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |
| TITLE           | <b>VPD</b>                  |
| NAME            | <b>LOPEZ, ALINA</b>         |
| STREET ADDRESS  | <b>6600 S.W. 75TH COURT</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |
| TITLE           | <b>TD</b>                   |
| NAME            | <b>LOPEZ, JORGE</b>         |
| STREET ADDRESS  | <b>6600 S.W. 75TH COURT</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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; that 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Signature Required)