

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 21 1997 8:00am
Secretary of State

DOCUMENT # 417470

(2)

1. Corporation Name

HONSHY ELECTRIC CO., INC.

Principal Place of Business

7345 S.W. 41ST STREET
MIAMI FL 33155

Mailing Address

7345 S.W. 41ST STREET
MIAMI FL 33155-4503

3. Date Incorporated or Qualified
01/29/1973

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1439909

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 s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

DIAZ, MANUEL G.
5806 RIVIERA DR.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name DIAZ, MANUEL G.
82 Street Address (P.O. Box Number is Not Acceptable)
10 EDGEWATER DR APT 6E
83
84 City CORAL GABLES FL 85 Zip Code 33133

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 MANUEL G DIAZ PRESIDENT

1/6/97

Signature of officer or principal agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DIAZ, MANUEL G
STREET ADDRESS 5806 RIVIERA DR.
CITY-ST-ZIP CORAL GABLES, FL 00000

TITLE SD ☐ DELETE

NAME DIAZ, MARIA CRISTINA
STREET ADDRESS 5806 RIVIERA DR.
CITY-ST-ZIP CORAL GABLES, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME DIAZ, MANUEL G.
1.3 STREET ADDRESS 10 EDGEWATER DR
1.4 CITY-ST-ZIP CORAL GABLES, FL 33133

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME DIAZ, MARIA C
2.3 STREET ADDRESS 10 EDGEWATER DR
2.4 CITY-ST-ZIP CORAL GABLES, FL 33133

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0211310

CR2E034 (9/96)