Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90002 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 408180

1. Corporation AMENGL	JAL ELECTRIC, INC.							
Principal Place of Business Mailing Address					A INDÍNI BIBIN IBIBI IDIDI	INDEL COLON COM CONTRACTOR	Bibli Olbil Bibli Di	
3851 N.W. 12TH TERACE 3851 N.W. 12TH TERACE MIAMI FL 33126 MIAMI FL 33126								
mirani i E ooiet	•	***************************************			DO NO	WRITE IN THIS	S SPACE	
					 Date incorporated or Qu 03/04/1976 	alifed		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			59-1654275		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desi	ired 🗍	\$8.75 A Fee Re	I .
City & Stat	B	City & State		6. Election Campaign Final Trust Fund Contribution	ncing	\$5.00 Added to	, ,	
Zip	Country	Zip	Countr	у	8. This corporation owes the	e current year Ir	ntangible	
24	25	29 3	o	•	Personal Property Tax.			□No
24	9. Name and Address of Current		1		10. Name and Address of	New Registered	i Agent	
	J. Hamo directions of the second		8	1 Name				
AMENGUAL, BERNARD 3851 NW 12TH TERRACE			8	2 Street /	Address (P.O. Box Number is Not A	cceptable)		
MIAMI FL 33126			. 8	3				
			8	1		FI		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	honzed b	y the compo	corporation submits this statement foration's board of directors. I hereby	for the purpose of accept the appo	of changing its opintment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Ag	ent signature re	required when reinstating)	DATE		
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES	O OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	AMENGUAL, BERNARD 12		1.2 NAME	:				ì
STREET ADDRESS	AGEA NEW ACTIL TERRACE		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP			1.4 CITY-	ST-ZIP				
TITLE	ST	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	HOUDA, AMENGUAL C.	UAL C.						
STREET ADDRESS	I		23 STRE	ET ADDRESS				}
CITY-ST-ZIP	A 11.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		2.4 CITY					
TITLE	1111 1111 1111		3.1 TITLE				Change ~	- Addition
NAME			3.2 NAME					
				ET ADDRESS				
STREET ADDRESS			3.4. CITY					
CITY-ST-ZIP		☐ DELETE	4,1 TITLE			~	Change	Addition
TITLE			4.1 IIILE				_ •	- }
NAME						•		1
STREET ADDRESS				ET ADDRESS				ļ
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE				Change	Addition
THE	1		J., 1111LE					_

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 trusted 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

Addition