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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 523225

(1)

1. Corporation J&E	ELECTRIC CORPORATIO		(1)			
Principal Place	of Business	Mailing Add	ress		·	AT BANK BARAT BADIT BADIT BADIT BADIT DI BAK 1401
2930 SW 96 AVE 2930 SW 96 AVE MIAMI FL 33165 MIAMI FL 33165						
					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing A	address		01/24/1977 4. FEI Number	05/01/1995 Applied For
21		26			59-1722900	Not Applicable
Suite, Apt. #, etc.		1	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City &		City & St	y & State		6. Election Campaign Financing	\$5.00 May Be
23	7/74	28			Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	7ip <b>29</b>	30	ountry	8. This corporation has liability for Florida Statutes Yes	
<u> </u>	9. Name and Address of Cur			<u> </u>	10. Name and Address of New I	S No Registered Agent
				81 Name		Together Together
GUTIERREZ, SALVADOR			82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)	
2930 SW 96 AVE MIAMI FL 33165			83			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 00 100			84 City		85 Zip Code
11. Pursuant t	a the provisions of Sections 607 Of	502 and 607 1508. FI	orida Statutes, the ab	nove paged cores	oration submits this statement for the ru	FL   Carried to receive and affice
or register	ed agent, or both, in the State of Fl	iorida. Such change v ection 607 0505. Flor	vas authorized by the	corporation's bea	oration submits this statement for the pu ard of directors, I hereby accept the app	rpose or changing its registered office iointment as registered agent. I am
SIGNATURE	.,	50.000,0000,110	ou Ounoico.			
	Signature, typed or printed name of registered as			ed Agent signature require		DATE
12. TITLE		AND DIRECTORS	<b>13.</b> DELETE 1.1		ADDITIONS/CHANGES TO OFF	
NAME	PD			TITLE		Change Addition
STREET ADDRESS	GUTIERREZ, SALVADOR			NAME		
CITY - S1 - ZIP	2930 SW 96 AVE MIAMI FL			STREET ADDRESS		
111LF	TS			CITY-ST-ZIP TITLE		Change Addition
NAME	GUTIERREZ ASELA J	U		NAME		C change C Addition
STREET ADDRESS	2930 SW 96 AVE			STREET ADDRESS		
C:1Y-S1-7iP	MIAMI			CITY - ST - ZIP		
TITLE	- WOUL			TITLE		Change Addition
NAME		_	321	NAMÉ		
STREET ADDRESS			33	STREET ADDRESS		
C(1Y - S1 - ZIP			340	CITY-ST-ZIP		1
TileE				TITLE		Change Addition
NAM(			421	NAME		l
STREET ADDRESS			435	STREET ADDRESS		
CITY - ST - ZIP			440	CITY-ST-ZIP		
TITLE			DELETE 5 1	TITLE		Change Addition
NAME			5.2 1	NAME		
SZERDCA FEERTS			5.3 5	STREET ADDRESS		
CITY-ST-ZIP		. <u></u>		CITY-S1-ZIP		
TI*LF				TITLE		Change Addition
NAME .				NAME		
STREET ADDRESS				STREET ADDRESS		
Dity-ST-ZiP			640	CITY-SI-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)(k). 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 12 or Block 12 or na artifichment with an address.

SIGNATURE:

Lela Letteus SIGNATURE AND TYPED OR PHITTED NAME OF SIGNING OFFICE OF DIRECTOR 4/18/96 (201)221-9388

CR2E034 (12/95)