May 06, 1999 8:00 am Secretary of State

05-06-1999 90161 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 555068

1. Corporation Name

NATIONAL ELECTRIC SERVICE, INC.

	· · · · · · · · · · · · · · · · · · ·						4		HOU PORT OLDIN D			#II #I#I# ##I
Principal Place of Business Mailing Address												
7772 SW 34TH TERR MIAMI FL 33155			7772 SW 34TH TERR MIAMI FL 33155									
US	• •)\$				DO NOT WRITE IN THIS SPACE						
							3.	Date Incorporated or Qualifed 12/12/1977		•		
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	FEI Number			App	lied For
21		26	•					59-1789903		-	Not	Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				+-			\$8.	75 A	dditional
22			27				5.	Certificate of Status Desired		Fε	e Rec	uired
City & State			City & State				6.	Election Campaign Financing		\$5	.00	May Be
23			28				"	Trust Fund Contribution			ded to	-
Zip	Country		Zip	Cou	untry		8.	This corporation owes the curr	ent year Inta	angible		
24	25	29	•	30				Personal Property Tax.	•	Yes		□No
, <u></u>	9. Name and Address of Curre	nt Registe	ered Agent				10.	Name and Address of New R	legistered /	Agent		
					81	Name						
ALEMAN, ARNALDO					82	Street Address (P.O. Box Number is Not Acceptable)						_
7772 SOUTH WEST 34TH TERR			82 Street			Street Addre	ladress (F.O. Box Number is Not Acceptable)					
MIAI	MI FL 33155				83							
			•									
					84	City			FL	85	Zip C	oge
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	Signature, typed or printed name of registered age	ent and title if	applicable. (NOTE	: Registere	d Agen	nt signature required	when n	reinstating)	DATE			
12.	OFFICERS A	ND DIREC	TORS	13.			7	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 T	ITLE					☐ Cha	ange	☐ Addition
NAME	aleman, arnaldo			1.2 N	AME							
STREET ADDRESS	7772 SW 34TH TERR			1.3 S	TREET	TADDRESS						i
CITY-ST-ZIP	Miami FL 33155		1.4 0	1.4 CITY-ST-ZIP								
TITLE	SD DELETE 2		2.1 T	2.1 TITLE					☐ Cha	ange	Addition	
NAME	ALEMAN, ANA E			2.2 N	AME	Ì						
STREET ADDRESS	7772 SW 34TH TERR			2.3 S	TREET	FADDRESS						
CITY-ST-ZIP	MIAMI FL 33155			2.40	Offy-S	ST-ZIP						
TITLE	TD		☐ DELETE	3.1 T	ME					Cha	ange	Addition
NAME	ALEMAN, ARNALDO			3.2 N	IAME							
STREET ADDRESS	7772 SW 34TH TERR			3.3 S	TREET	ADDRESS						l
CITY-ST-ZIP	MIAMI FL 33155			3.4. (CITY-S	iT-ZIP						}
TITLE			☐ DELETE	4,1 T				 		Cha	ange	Addition
NAME				4.2	MAME							
STREET ADDRESS	. ,	•		4.3 S	TREET	ADDRESS						l
CITY-ST-ZIP	-			4.4 0	:ITY-S	T-ZIP						
TITLE			☐ DELETE	5.1 T						Cha	ange	☐ Addition
NAME				5.2 N								
STREET ADDRESS				5.3 S	TREET	T ADDRESS						l
CITY-ST-ZIP	ī				TY-S							
TITLE			☐ DELETE	6.1 T	ITLE		_			Cha	ange	Addition
NAME				6.2 N	AME							
STREET ADDRESS	,			6.3 S	TREET	T ADDRESS						

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.

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE!

Aleman 4-29-99

■#