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 # F14291

1. Corporation	•					
B&B EL	ECTRICAL, INC.					
	•				.	
Principal Place of Business Mailing Address					(a), a)a)) a)a)(a)a), p	(81) 61811 (84)
1115 W 50TH PLACE 1115 W 50TH PLACE						
HIALEAH FL 33012 HIALEAH FL-33012			•	DO NOT HIDITE IN A	TUIC ODACE	
				DO NOT WRITE IN 1 3. Date Incorporated or Qualified	HIS SPACE	
				01/12/1981		
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	An	plied For	
<u> </u>	lace of business	26		59-2094300	1	t Applicable
21 Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 A	
22		27		5. Certificate of Status Desired	Fee Re	
City & Star	te	City & State	•	6. Election Campaign Financing	\$5.00	Mav Be
23 28			Trust Fund Contribution	Added to	•	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29	30	Personal Property Tax.	2 1 Yes	□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent	
PED	INIDEC ELITATIO		81 Name			
BERUVIDES, EULALIO			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33012			<u> </u>	3		5 9 1 2
l LIM	LEAR PL 33012		83			
			84 City		85 Zip C	ode
Several Mark Control of the Control				•	FL 📆	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its a	registered sistered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes.	sire sound of an octors. Thereby accept the s	pp	,
SIGNATURE						
			Registered Agent signature required	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		DC IN 12
12.	PD OFFICERS AN	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change □	Addition
,	BERUVIDES, EULALIO		1.2 NAME	• • • • • •		
NAME	AAAE IN FOTH DIAOF			<u>.</u> .	•	
STREET ADDRESS	HIALEAH, FL 00000	4	1.3 STREET ADDRESS	•		4
CITY-ST-ZIP	SD SD	□ DELETE	1.4 CITY-ST-ZIP		[] Change	Addition
TITLE	BERVIDES, ROSELIA			·	_ swange	
NAME	AAAE IN COTIL DI ACE		2.2 NAME 2.3 STREET ADDRESS	•		
STREET ADDRESS	HIALEAH, FL 00000					
CITY-ST-ZIP	THALLAH, I L 00000	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
NAME			3.2 NAME	•		_
	Mark Control		3.3 STREET ADDRESS			
STREET ADDRESS	部居民 位置的		3.4. CITY-ST-ZiP		•	
CITY-ST-ZIP TITLE		. DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			_
STREET ADDRESS		11	4.3 STREET ADDRESS			,
<u>'</u>	<u>'[</u>		4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME	1		5.2 NAME	:	-	
STREET ADDRESS			5.3 STREET ADDRESS	e e		
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
TITLE	A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME		-	
STREET ADDRESS	📗 हे १५१ वर्ष 👉 🖟 ईंग्रेडी वर्ष है पर्वत्र		6.3 STREET ADDRESS	•		
	1 2		- '	•		

14. 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/99

305-557-0824

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90055 009 ***150.00

Daytime Phone

CR2E034 (11/98)