TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F96833 (1)H. L. R. ELECTRIC, INC. Principal Place of Business Mailing Address 6253 NW 201ST TERR 6253 NW 201ST TERR MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2225261 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζıρ Ζip Country Country This corporation owes or has paid the current year Intangible Yes 25 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, RONALD L 6253 NW 201ST TERR 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 83 64 City Zip Code 11. Pursuant to the provisions of Socions 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of trigistered agent and life if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition 1.1 TITLE Change TITLE JOHNSON, HEDY NAME 1.2 NAME 6253 NW 201ST TERR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change ☐ Addition TITLE NAME 2.2 NAME STREET ADORESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition

61 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 trustecompowered 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 a yaddress.