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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 20 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

NAME

STREET ADDRESS

G21230

(9)

BEST QUALITY ELECTRICAL CONTRACTOR INC.

DEST	CLEOTHIONE OU	MINACION INC.			
Principal Place of Business		Mailing Address		L SABRILL MAIN LANGI HINN HINN HINN MATH MEN MINN A	lætt Bildit Afbli Afdil Afdir INAt
% ANTONIO GALLEGO 1711 WEST 38TH PL #1201 HIALEAH FL 33012		% ANTONIO GALLEGO 1711 WEST 38TH PL #1201 HIALEAH FL 33012		DO NOT WRITE IN THIS SPACE	
ĺ				Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
				01/31/1983	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0137236	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate di Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25	29	30	Personal Property Tax due June 30.	L Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
GALLEGO, ANTONIO 7885 N. W. 185TH ST.			81 Name GALLEGO, ANTONIO 82 Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33015				1 W. 38th PLACE. SUITE 1201	
			83		<u> </u>
				1.47	
			84 City	Фън FI	85 Zip Code 3 3 0 1 2
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Antonio Gallego TSD 44/14/14/14/14/14/14/14/14/14/14/14/14/1					
					1/98
			E: Registered Agent signature req		
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	TSD	☐ DELETE	1.1 TITLE		Change Addition
NAME	,		1.2 NAME		
STREET ADDRESS	7885 N.W. 185TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY - ST - ZIP		
TITLE •	PD	DELETE	2.1 TITLE		Change Addition
NAME !	Gallego, Ramom		2.2 NAME		ļ
STREET ADDRESS	7885 N.W. 185TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	D	X DELETE	3.1 TITLE		Change Addition
NAME (Gallego, Amada		3.2 NAME		
STREET ADDRESS	7885 N.W. 185TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	7000024943; -04/21/98010060	27
				-04/21/98010060	26
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	***158.75	Change Addition

6.2 NAME

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is five 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 of 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 chapted, or an attachment with an address.

6.3 STREET ADDRESS