

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K17991** (6)

1. Corporation Name:

**ELECTRICAL AND ELECTRONIC INDUSTRIAL SERVICES, I
NC.**

Principal Place of Business:

**10352 SW FIRST ST.
MIAMI FL 33174
US**

Mailing Address:

**10352 SW FIRST ST
MIAMI FL 33174**



2. Principal Place of Business:

2a. Mailing Address:

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FIGUEREDO, RUBEN
10352 SW FIRST ST
MIAMI FL 33174**

3. Date Incorporated or Created:

03/14/1988

3a. Date of Last Report:

04/24/1995

4. FEI Number:

65-0148973

Applied For
Not Applicable

5. Certificate of Status Desired:

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution:

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name:

82. Street Address (P.O. Box Number is Not Acceptable):

83.

84. City:

FL

85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the abovesigned corporation submits her 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. The abovesigned agent accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE:

Signature of person authorized to sign this report on behalf of the corporation.

Signature of person authorized to sign this report on behalf of the corporation.

Signature of person authorized to sign this report on behalf of the corporation.

12. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ DELETE
NAME: **FIGUEREDO, RUBEN**
STREET ADDRESS: **10352 SW FIRST ST**
CITY-STATE-ZIP: **MIAMI FL**

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
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TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

☐ Change ☐ Addition

14. CITY-STATE-ZIP: ☐ Change ☐ Addition

15. NAME: ☐ Change ☐ Addition

16. STREET ADDRESS: ☐ Change ☐ Addition

17. CITY-STATE-ZIP: ☐ Change ☐ Addition

18. NAME: ☐ Change ☐ Addition

19. STREET ADDRESS: ☐ Change ☐ Addition

20. CITY-STATE-ZIP: ☐ Change ☐ Addition

21. NAME: ☐ Change ☐ Addition

22. STREET ADDRESS: ☐ Change ☐ Addition

23. CITY-STATE-ZIP: ☐ Change ☐ Addition

24. NAME: ☐ Change ☐ Addition

25. STREET ADDRESS: ☐ Change ☐ Addition

26. CITY-STATE-ZIP: ☐ Change ☐ Addition

27. NAME: ☐ Change ☐ Addition

28. STREET ADDRESS: ☐ Change ☐ Addition

29. CITY-STATE-ZIP: ☐ Change ☐ Addition

30. NAME: ☐ Change ☐ Addition

31. STREET ADDRESS: ☐ Change ☐ Addition

32. CITY-STATE-ZIP: ☐ Change ☐ Addition

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 190.032(1)(b), Florida Statutes. I further certify that the information indicated on this annual report is supplied in good faith and is true and correct, and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver or liquidator appointed to execute the 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.

SIGNATURE:

Ruben Figueredo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

4/8/96

305-552-0843

CR2E034 (12/95)