FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90167 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOOLINGENT # 44

1. Corporation	VIENT # K99930 ELECTRIC CORP						
Principal Place of Business Mailing Address					T (BOIDH) BID IBING IBING IBING IAIN BOIL BIGH	#1811 B1811 #1811 B1	
5461 SW 143 AVE MIAMI FL 33175 US		5461 SW 143 AVE MIAMI FL 33175 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/03/1989			
2 Principal Place of Business 2a. Mailing Address					07/03/1909 4. FEI Number	I An	plied For
					65-0172966		t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
22 27					5 Certificate of Status Desired	Fee Re	quired
City & State)	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	- 1
Zip	Country	Zip	Country	•	8. This corporation owes the current year !		
24	25	29 30	0]		Personal Property Tax.		□No
	g. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
GON	ZALEZ, WILFREDO		Ľ				
5461 SW 143 AVE			82	Street A	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33175			83	 			$\neg \neg \neg$
				City	F	85 Zip C	>ode
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050 gistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered ages	of Florida. Such change was autr tions of, Section 607.0505, Florid	norized by a Statutes	the corpor	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	or changing its ointment as reg	registered pistered
12.		D DIRECTORS	13.	in signatoro ro	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE	$\overline{}$		Change	Addition
NAME	·		1.2 NAME				
STREET ADDRESS	5404 ONL 440 AVE		1.3 STREE	TADORESS			
CITY-ST-ZIP	1		1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	GONZALEZ, CARMEN F. 22N		2.2 NAME	}	,		
STREET ADDRESS	ESS 5461 SW 143 AVE 235		2.3 STREE	T ADDRESS			_]
CITY-ST-ZIP	-MIAMI FL 2.4		2.4 CITY-S	ST-ZIP			
TITLE	☐ DELETE 3.11		3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-\$T-ZIP				ST-ZIP			
TITLE	DELETE 4.1 T		4.1 TITLE	1		Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-S	T-ZIP			☐ A ddising
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				}
STREET ADDRESS				T ADDRESS]
CITY-ST-ZIP	·	C aci ere	5.4 CITY-S 6.1 TITLE	1-ZIP		☐ Change	Addition
TITLE		□ DELETE	E 3.1 111LC				- Addition

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP