

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90220 017 ***158.75

DOCUMENT # L57631

1. Corporation Name
FLORIDA UTILITIES, INC.

Principal Place of Business
6433 W 8TH LANE
HIALEAH FL 33012

Mailing Address
6433 W 8TH LANE
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1990

4. FEI Number

65-0180590

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PAREDES, HECTOR
6433 WEST 8TH LANE
HIALEAH FL 33012

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 607.1508, 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

Hector Paredes Hector Paredes

4-26-1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVPT ☐ DELETE
NAME PAREDES, HECTOR
STREET ADDRESS 6433 W 8TH LANE
CITY-ST-ZIP HIALEAH FL

TITLE S ☒ DELETE
NAME OBREGON, JOSE L.
STREET ADDRESS 2545 W. 80 ST #16
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME OBREGON, Jose L.
2.3 STREET ADDRESS 2545 W 80 ST #16
2.4 CITY-ST-ZIP HIALEAH, FL.

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Roberto Silva
4.3 STREET ADDRESS 2545 West 80 street #16
4.4 CITY-ST-ZIP Hialeah, FL. 33016

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Hector Paredes HECTOR PAREDES

4-26-1999 557-3094 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0126439

CR2E034 (11/98)