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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M04821
 1. Corporation Name
ELECTRIC ENGINEERING COMPANY



Principal Place of Business % POMERANZ & LANDSMAN PXX 12955 BISCAYNE BLVD. #202 N. MIAMI FL 33181	Mailing Address % POMERANZ & LANDSMAN PXX 12955 BISCAYNE BLVD. #202 N. MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2440947	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POMERANZ, MARK L. 12955 BISCAYNE BLVD. #202 N. MIAMI FL 33181		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.

4.20.99

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCOE	1.1 TITLE	D, CEO
NAME	POMERANZ, MARK L	1.2 NAME	S.J. Eisenberg
STREET ADDRESS	12955 BISCAYNE BLVD. #202	1.3 STREET ADDRESS	c/o Pomeranz & Landmsan
CITY-ST-ZIP	N. MIAMI FL 33181	1.4 CITY-ST-ZIP	12955 Biscayne Boulevard #202, NM, FL
TITLE	DS	2.1 TITLE	D
NAME	SCOTT, STEPHEN N	2.2 NAME	Dr. Alfred Bitencourt
STREET ADDRESS	12955 BISCAYNE BLVD. #202	2.3 STREET ADDRESS	Caracas, Venezuela
CITY-ST-ZIP	N. MIAMI FL 33181	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Avenida Venezuela
NAME		3.2 NAME	Edificio Lelsaman
STREET ADDRESS		3.3 STREET ADDRESS	Piso 2 Lelrosa
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Caracas, Venezuela
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 4.21.99 (305) 891-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)