

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M25713** (2)

1. Corporation Name

DANIEL ELECTRICAL CONTRACTORS, INC.



Principal Place of Business

Mailing Address

**5521 NW 84TH. AVENUE
MIAMI FL 33166**

**5521 NW 84TH. AVENUE
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

**DANIEL, T. A
5521 NW 84TH. AVENUE
MIAMI FL 33166**

3. Date Incorporated or Qualified

01/10/1986

3a. Date of Last Report

01/31/1995

4. FEI Number

59-2622624

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. 199.032,
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 607.1508, 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

Signature of person who signed this report on behalf of the corporation. If the registered agent is not the person who signed this report, the signature of the registered agent must also be provided.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P
DANIEL, T. A**
STREET ADDRESS **3720 GRANADA BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **V
MITCHELL, KEITH**
STREET ADDRESS **2000 LIBERTY AVE., APT. 202**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE

NAME **T
DANIEL, SHELLEY B**
STREET ADDRESS **3720 GRANADA BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **S
RIOS, ERNESTO C**
STREET ADDRESS **12348 SW 144TH TERR.**
CITY-ST-ZIP **MIAMI FL**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL, T. A. PRESIDENT

4-3-96

(304) 592-8711

DATE DAY/MO/YR

CR2E034 (12/95)