FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M59205** **(8)**

1. Corporate Name
SPECIALTY ELECTRICAL CONTRACTORS, INC.

Principal Place of Business
7534 N.W. 6TH
MIAMI FL 33126

Mailing Address
7534 N.W. 6TH
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (Qualified) **09/17/1987**
3a. Date of Last Report **01/20/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number **65-0005462**
☐ 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

9. Name and Address of Current Registered Agent
RODRIGUEZ, JOSE M.
3320 SW 129 AVE
MIAMI FL 33175

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 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PSD	TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, JOSE M.	NAME	
STREET ADDRESS	3320 SW 129 AVE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33175	CITY, ST, ZIP	
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	RAFAEL J. SANCHEZ	NAME	
STREET ADDRESS	5580 NW 108 LANE	STREET ADDRESS	
CITY, ST, ZIP	HIALEAH GARDENS FL 33016	CITY, ST, ZIP	
TITLE	D Lourdes	TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, LOURDES	NAME	
STREET ADDRESS	3320 SW 129 AVE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33175	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on the 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. I hereby acknowledge that I am aware of the requirements of the secretary of state's office and that I am required to review the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or I have attached a statement with an address.

SIGNATURE: Jose Rodriguez 5/2/95 305-266-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0124271 CP