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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

M 59205 (8)

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SPECIALTY ELECTRICAL CONTRACTORS, INC.						SECREMAN OF STATE TALLAMASSES, FLORIDA				
Principal Place of Business Mailing Address						-				
12360 SW 132 CT. #108 12360 SW 132 CT				18						
MIAMI, FL. 33186 MIAMI, FL. 331										
		,				3. Date Incorporated or Qualified	3a. Date	of Last E	lanort	
						09/17/1987	Date Date	OI LOSI II	юрон	
Principal Place of Business 2a. Mailing Address				-		4. FEI Number			Applied For	
21 26						65-0005462			Not Applicable	
Suite, Apt. #, etc.						5. Certificate of Status Desired	[X]	\$8.75	Additional	
27							<u> </u>	Fee	Required	
23		City & State				6. Election Campaign Financing			O May Be	
Zip	Country	Zip	Country			Trust Fund Contribution			d to Fees	
24	25	29	30	uy		This corporation has liability for in Florida Statutes	ntangible tax	under s	199.032,	
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
20222				31	Name		- 			
RODRIGUEZ, JOSE M.					Street Addre	ess (P.O. Box Number is Not Acceptab	io)	<u></u>		
3320 SW 129 AVE.			Ľ	32			10/			
MIAMI,	FL. 33175		E	33						
			E	34 (City			85 Zq	p Code	
## Down			1		•		FL	1 1 1	·	
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 being 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.										
familiar wi	th, and acted the obligations of, Section	on 607.0505, Florida Statutes.	,	port	ottori o bodit	s or orcotors. Thereby accept the appe	ו משוויות משוויות בייני מיים	agistereo	agent. Fam	
SIGNIATI IDE	Signature, raced or printed name of registered agent a						8-7.	90		
12.	OFFICERS AND		13.	pont si	gnature required	when reinstating) ADDITIONS/CHANGES TO OFFI			NOS IN 12	
TITLE	PSD	DELETE	1. 1 TiTL	E		7.05HOTS OF ARIALS TO OFF		Change	Addition	
NAME	RODRIGUEZ, JOSE M.		1.2 NAM	E					_	
STREET ADDRESS	2000 511 100 11-		1.3 STRE	1.3 STREET ADDRESS		5000	11.11	116		
CITY-ST-ZIP	357 4377 777 004 77		1.4 CITY	1.4 CITY - ST - ZIP		~ US/US/ *********	უნUl ე ელ	[]라는(~~	-UU5 100 Jr	
TITLE			2. 1 TITL			5.CICH -08/08/ ****23		Change	Addition	
NAME	RAFAEL J. SANCHE M. 22		2 2 NAM	E						
STREET ADDRESS	5580 NW 108 LANE		2 3 STREET ADDRESS		ORESS					
CHY-ST-ZIP	HIALEAH GARDENS, FL. 33016		2.4 CHY	2.4 CITY-ST-ZIP						
THILE	D DELETE			3. 1 TITLE				Change	Addition	
NAME STOCET ADDRESS	RODRIGUEZ, LOURDES		3.2 NAM							
STREET ADDRESS	3320 SW 129 AVE.		3 3. STRE		i i					
CITY-SI-ZIP TITLE			3.4 C(TY 4. 1 T(TL)		SiP			Charte	FT 1420	
NAME		Dorceit	4. 1 HILL 4.2 NAM	_			Ц	Change	Addition	
STREET ADDRESS			4.3 STRE		DDECC				i	
CITY-ST-ZIP			4.4 CITY							
TITLE		DELETE	5. 1 TITL		"		<u> </u>	Change	☐ Addition	
NAME		_	5.2 NAM				ابط			
STREET ADDRESS			53STRE	ET AD(DRESS	△ .				
CITY-ST-ZIP			5 4 CITY	- <u>ST - Z</u>	rip		رر		+	
THILE	^	☐ DELETE	6. 1 TITL	E		79.0		Change	Addition	
NAME	f		6.2 NAM	E		0.0	111			
STREET ADDRESS)	6.3 STRE	ET ADI	DRESS	&	-96			
CITY-ST-ZIP	y certify that the information supplied w	its this filing is yet estable to	64 CITY	- ST - Z	IP III					
	, some y unactino michination Supplibed W	INTERNIT OF THE PROPERTY OF TH	nea ana da	ജെമ	ocouality for	r ing exemption stated in Section 119 (1773VW Flori	to Clobat	or I further	

I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this shipparties in the properties of the policy after 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 policy after 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 changing in an attachment with an address.

SIGNATURE: W

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13-7090 Daylime Priorie #