Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90155 027 ***150.00

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

DOCUMENT

1. Corporation Name

. NINO EL	ECTRIC INCORPORATED									
Principal Place	e of Rusiness	Ma	iling Address				T TO BE TO BE THE SERVE OF THE	BIBII BIBII	61811 B	idit didit indi
·	ioaquin n. Velez									
% JOAQUIN N. VELEZ 2057 SE MARY TERR 2057 SE MARY TERR										
PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952							DO NOT WRITE IN THIS SPACE			
							3. Date incorporated or Qualifed			
							06/20/1988			
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		Apı	olied For
21		26					65-0056599	Г	Not	Applicable
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required			
22		27	Cib. 9 State				A FLUID CONTINUE FORMATION			<u> </u>
City & State	The same of the sa	~=	City & State	و متعاملات			6. Election Campaign Financing Trust Fund Contribution		dded t	May Be
23	Country	28	7in	Сои	ntn.					7
Zip	Country		¬ '			ry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes				⊠No
24	25	29	Larad Agent	30			10. Name and Address of New Registered			
	9. Name and Address of Curre	rit Regist	tered Agent		81	Name	19. Tepino and Address of the Kegisteret			
VELE	EZ, JOAQUIN N.			ţ		1111110				
20575E MARY TERR						Street Add	ess (P.O. Box Number is Not Acceptable)			
PT. ST. LUCIE FL 34952										
PI. S	51. LUCIE FL 34932			İ	83					ļ
	•				84	City	F.	85	Zip C	Code
office or re agent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florid jations of,	a. Such change was a Section 607.0505, Flo	uthorized rida Statu	by ites.	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appear of the purpose of the submit of the purpose of the pu	intment	as rec	gistered
12.	OFFICERS A	ND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTO	RS IN 12
TITLE	Р .		☐ DELETE	1.1 111	ΣE			CH	ange	☐ Addition ∤
NAME	VELEZ, JOAQUIN N.			1.2 NA	ME	1				
STREET ADDRESS	2057 SE MARY TERR			1.3 ST	REET	TADDRESS				
CITY-ST-ZIP	PT. ST. LUCIE FL		1.4 0							- \
TITLE	11. 01. EGGIE 1E	☐ DELETE	2.1 111				C+	ange	Addition	
ì				2.2 NA	ME					
NAME						T ADDRESS				Í
STREET ADDRESS						1				Į
CITY-ST-ZIP			☐ DELETE	2.4 CI				~ [] Ct	nange	Addition
III/E		. •		3.2 NA					-	_)
NAME				- 4		TADDRESS				
STREET ADDRESS						1				
CITY-ST-ZIP			☐ DELETE	3.4. CI	_	31-ZIP			hange	Addition
TITLE	,							<u>_</u>		
NAME.				4.2 N						}
STREET ADDRESS						TADDRESS				
CITY-\$T-ZIP				4.4 CT		T-ZIP			hange	Addition
TITLE			□ DELETE	5.1 111		}		ПΑ	range	T Makanii
NAME				5.2 NA		[
STREET ADDRESS						TADDRESS				1
CITY-ST-ZIP				5.4 CI		T-ZIP				A statet a .
TITLE			☐ DELETE	6.1 TIT	LΕ	1		∐CI	hange	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR