PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000028393

1. Corporation Name

NAESS ELECTRO SERVICE CORPORATION

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90180 022 ***150.00



Principal Place of Business Mailing Address								111 3011) 00119 1	(84) (8(85 (2))	3 (9188)(ří (99)	
12169 SW 132ND COURT MIAMI FL 33186		12169 SW 132ND COURT MIAMI FL 33186				DO NOT WRI	re ini tilik	SDACE			
							3. Date Incorporated or Qualifed	IE IN THIS	SI ACL		
							04/16/1993			1	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		T A	pplied For	
	lace of business	<u> </u>	alling Address				65-0411791			ot Applicable	
21 Suite Ant	# 010	26	uite, Apt. #, etc.							Additional	
Suite, Apt. #, etc. Suite			, pt. 11, 500.			-5-Gertifcate of Status Desired			tequired		
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be	
23			8				Trust Fund Contribution			to Fees	
Zip Country			Zip Country				8. This corporation owes the current year Intangible				
24	25	29		30			Personal Property Tax.	,	Yes	□No	
2-1	g Name and Address of Curr						10. Name and Address of New F	tegistered /	Agent		
				81	Name)	<u> </u>	-			
MORALES, CARMEN A							- 10 0 D N sharin Not Accord	hlal			
44 W FLAGLER ST.,STE.1500			82	Stree	Addres	ss (P.O. Box Number is Not Accepta	ibi c)				
COL	JRTHOUSE TOWER										
MIAN	VII FL 33130-6805								7-1		
				84	City			FL	85 Zip	Code	
office or n agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida.	Such chande was aut	inorized by	the con	d corpor poration	ration submits this statement for the i's board of directors. I hereby accep	purpose of t the appoir	changing its itment as re	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if ap	plicable. (NOTE: F	Registered Ager	l signature	required	when reinstating)	DATE			
12.	OFFICERS /	AND DIRECT	ORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	P		☐ DELETE	1.1 TITLE					Change	☐ Addition	
NAME	NAESS, SVEIN E			1.2 NAME							
STREET ADDRESS	14612 SW 142 PLACE			1.3 STREET	ADDRESS	s				Į	
CITY-ST-ZIP	MIAMI FL 33186			1.4 CITY-S	T-ZIP						
TITLE			☐ DELETE	2.1 TITLE					☐ Change	☐ Addition	
NAME				2.2 NAME						1	
STREET ADDRESS				2.3 STREET	ADDRESS	s				•	
CITY-ST-ZIP				2. 4 CITY- S	T-ZIP						
TITLE			☐ DELETE	3.1 TITLE					Change	☐ Addition	
NAME				3.2 NAME				•		{	
STREET ADDRESS				3 3 STREET	ADDRESS	S					
CITY-\$T-ZIP				3.4. CITY-S	T-ZIP						
TITLE			☐ DELETE	4.1 TITLE		ļ			Change Change	Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET	ADDRES!	s					
CITY-ST-ZIP				4.4 CITY-S							
TITLE			☐ DELETE	5.1 TITLE					☐ Change	Addition	
NAME .				5.2 NAME							
STREET ADDRESS				5.3 STREET	ADDRESS	s	÷ •				
CITY-\$T-ZIP				5.4 CITY-S	T-ZIP						
TITLE			DELETE	6.1 TITLE					☐ Change	Addition	
NAME				6.2 NAME						ļ	
STREET ADDRESS				6.3 STREET	ADDRES	s				Ţ	

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 tiple 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP