

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 # P94000003860 (1)

1. Corporation Name

FIRST POWER ELECTRICAL CONTRACTORS, INC.



Principal Place of Business

18837 NW 63RD CT
MIAMI FL

Mailing Address

18837 NW 63RD CT
MIAMI FL

3. Date Incorporated or Qualified
01/14/1994

3a. Date of Last Report
02/14/1995

2. Principal Place of Business
21 3835 SW 91 Ave.

Suite, Apt. #, etc.

22 City & State
23 Miami, FL 33165

24 Zip 33165

Country

2a. Mailing Address

26 3835 SW 91 Ave.

Suite, Apt. #, etc.

27 City & State
28 Miami, FL 33165

29 Zip 33165

Country

4. FEI Number
65-0501162

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

WASERSTEIN, RICHARD
913 NORMANDY DR
MIAMI FL 33141

10. Name and Address of New Registered Agent

81 Name
Julio Morales

82 Street Address (P.O. Box Number is Not Acceptable)
3835 SW 91 Ave.

83

84 City

Miami

FL 85 Zip Code
33165

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, typed or printed name of registered agent for another corporation.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DIRECTOR~~ ☒ DELETE
NAME ~~DIRECTOR~~
STREET ADDRESS ~~% 18837 NW 63RD CT~~
CITY-STATE-ZIP ~~MIAMI FL~~

TITLE DVS ☐ DELETE
NAME MORALES, JULIO
STREET ADDRESS % 18837 NW 63RD CT
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE President, Treasurer ☒ Change ☐ Addition
2. NAME JULIO MORALES
2.3 STREET ADDRESS 3835 SW 91 Ave.
2.4 CITY-STATE-ZIP Miami, FL 33165

3. TITLE Vice-President, Treasurer ☐ Change ☒ Addition
3. NAME MATILDE MORALES
3.3 STREET ADDRESS 3835 SW 91 Ave.
3.4 CITY-STATE-ZIP Miami, FL 33165

4. TITLE ☐ Change ☐ Addition
4. NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing 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 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 or person 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: Julio Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)