

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, F1 33165**

Zip

24 **33165**

Country

2a. Mailing Address

26 **3835 SW 91 Ave.**

Suite, Apt. #, etc.

27

City & State

28 **Miami, F1 33165**

Zip

29 **33165**

Country

30

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 this filing.

(Print) Registered Agent's signature (required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DRE	<input checked="" type="checkbox"/> DELETE
NAME	DRE: DIRECTOR	
STREET ADDRESS	% 18837 NW 63RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	MORALES, JULIO	
STREET ADDRESS	% 18837 NW 63RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
1. TITLE	President, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	JULIO MORALES	
3. STREET ADDRESS	3835 SW 91 Ave.	
4. CITY-ST-ZIP	Miami, F1 33165	
3. TITLE	Vice-President, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MATILDE MORALES	
3.3 STREET ADDRESS	3835 SW 91 Ave.	
3.4 CITY-ST-ZIP	Miami, F1 33165	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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)