

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90064 044 ***150.00

DOCUMENT # P94000041063

1. Corporation Name
GULFSTREAM ELECTRICAL CONSTRUCTION CORP.

Principal Place of Business
12864 BISCAYNE BLVD.
#267
NORTH MIAMI FL 33181-2007

Mailing Address
12864 BISCAYNE BLVD.
#267
NORTH MIAMI FL 33181-2007



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1994

4. FEI Number

65-0497805

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 12864 BISC. BLVD.

Suite, Apt. #, etc.

22 267

City & State

23 N. MIAMI, FL.

Zip

24 33181

Country

2a. Mailing Address

26 12864 BISC. BLVD.

Suite, Apt. #, etc.

27 267

City & State

28 N. MIAMI, FL.

Zip

29 33181

Country

30

9. Name and Address of Current Registered Agent

ALVARO, JOHN
11111 BISCAYNE BLVD
#610
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 JOHN ALVARO PRES.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME ALVARO, JOHN
STREET ADDRESS 11111 BISCAYNE BLVD #610
CITY-ST-ZIP MIAMI FL 33181

TITLE VD ☐ DELETE
NAME MITCHELL, ROBERT
STREET ADDRESS 1007 NE 113 ST
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

JOHN ALVARO (PRES.) 4/25/99 (305) 8922678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0261270