## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000050235 (8)

ABLE ELECTRIC OF SOUTH FLORIDA. INC.

	Principal Place of Business	Mailing Address	
i i	8740 SW 12TH ST. APT. 205 MIAMI FL 33174	8740 SW 12TH ST. APT. 205 Miami Fl 33174	DO NOT WRIT
1.1 2.1 2.7-1	_		3. Date Incorporated or Qualified 07/06/1994
i	2. Principal Place of Business	2a. Mailing Address	4. FEI Number
	21	26	65-0502962
d	Sulte, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired
	22	27	5. Certificate di Status Desired
	City & State	City & State	6. Election Campaign Financing
.	23	28	Trust Fund Contribution
	Zip Country	Zip Country	8. This corporation owes or has p

## **FILED** Apr 29 1998 8:00am Secretary of State

E IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees aid the current year Intangible ☐ No Personal Property Tax due June 30. X Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SANTIESTEBAN, MARIANO 8740 SW 12TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) APT. 205 83 **MIAMI FL 33155 B4** City 85 Zip Code Fl 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME SANTIESTEBAN, MARIANO 1.2 NAME 8740 S.W. 12TH ST. APT. 205 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33174** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ■ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITE F 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 empowared 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:

を おおより