

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000051093 (0)**

1. Corporation Name

**RNB ELECTRICAL CORP.**



Principal Place of Business

Mailing Address

1617 S.W. 137TH COURT  
 MIAMI FL 33175

1617 S.W. 137TH COURT  
 MIAMI FL 33175

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Zip

24

29

Country

Country

25

30

3. Date Incorporated or Qualified  
**07/11/1994**

3a. Date of Last Report  
**05/30/1995**

4. FEI Number

**65-0503657**

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

10. Name and Address of New Registered Agent

**NIN, RAFAEL  
 1617 S.W. 137TH COURT  
 MIAMI FL 33175**

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

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

(NOTE: Registered Agent Signature is required when renewing)

CAP

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |                                 |                    |   |
|----------------|------------------------------|---------------------------------|--------------------|---|
| TITLE          | PD                           | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                |                              |                                 | 1.2 NAME           |   |
| NAME           | <b>NIN, RAFAEL</b>           |                                 | 1.3 STREET ADDRESS |   |
|                |                              |                                 | 1.4 CITY-ST-ZIP    |   |
| STREET ADDRESS | <b>1617 S.W. 137TH COURT</b> | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                |                              |                                 | 2.2 NAME           |   |
| CITY-ST-ZIP    | <b>MIAMI FL 33175</b>        |                                 | 2.3 STREET ADDRESS |   |
|                |                              |                                 | 2.4 CITY-ST-ZIP    |   |
| TITLE          |                              | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                |                              |                                 | 3.2 NAME           |   |
| NAME           |                              |                                 | 3.3 STREET ADDRESS |   |
|                |                              |                                 | 3.4 CITY-ST-ZIP    |   |
| STREET ADDRESS |                              | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                |                              |                                 | 4.2 NAME           |   |
| CITY-ST-ZIP    |                              |                                 | 4.3 STREET ADDRESS |   |
|                |                              |                                 | 4.4 CITY-ST-ZIP    |   |
| TITLE          |                              | <input type="checkbox"/> DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                |                              |                                 | 5.2 NAME           |   |
| NAME           |                              |                                 | 5.3 STREET ADDRESS |   |
|                |                              |                                 | 5.4 CITY-ST-ZIP    |   |
| STREET ADDRESS |                              | <input type="checkbox"/> DELETE | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                |                              |                                 | 6.2 NAME           |   |
| CITY-ST-ZIP    |                              |                                 | 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 empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96 Date

305-227-4161  
 Payline Phone #

CR2E034 (3/96)