

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000053944 (2)

1. Corporation Name

A PLUS ELECTRICAL CONTRACTOR, INC.



Principal Place of Business

11000 NW 6TH ST
MIAMI FL 33172

Mailing Address

11000 NW 6TH ST
MIAMI FL 33172

2. Principal Place of Business

2a. Mailing Address

21 6904 S.W. 136 Ct.

26 6904 S.W. 136 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

23

28

Zip 33183 Country U.S.A.

Zip 33183 Country U.S.A.

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/21/1994

3a. Date of Last Report

03/17/1995

4. FEI Number

65-0508633

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

PEREZ, ARMANDO F
11000 NW 6TH ST
MIAMI FL 33172

81 Name ARMANDO F. PEREZ

82 Street Address (P.O. Box Number is Not Acceptable)
6904 S.W. 136 Ct.

83

84 City MIAMI

FL

85 Zip Code 33183

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 ARMANDO F. PEREZ

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

(NOTE: Registered Agent signature required when changing)

Date

Armando Perez 3/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	PEREZ, ARMANDO F	
STREET ADDRESS	11000 NW 6TH ST	
CITY - ST - ZIP	MIAMI FL 33172	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ARMANDO F. PEREZ	
3. STREET ADDRESS	6904 S.W. 136 Ct.	
4. CITY - ST - ZIP	MIAMI, FLORIDA 33183	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ARMANDO F. PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Armando Perez 3/19/96 (305) 388-9593

Date

Telephone Number

CR2E034 (12/95)