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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000025881 (0)

AL'S ELECTRIC ENTERPRISES INC.

Principal Place of Business

4391 S.W. 11TH STREET

SIGNATURE.

Mailing Address

FILED Feb 05 1998 8:00am Secretary of State



1-18-98

4391 S.W. 11TH STREET MIAMI FL 33134 MIAMI FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4135 Lagura St. 4135 65-0571552 Not Applicable LAGUMA 33 · Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Coral GABLES Coral GABLES Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 U.S.A. 29 33146 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BREGOLAT, PABLO A Bregolat 4391 S.W. 11TH STREET 82 **MIAMI FL 33134** 413B LAGUNA ST 83 Zip Code 33 | 46 City 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 published by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the abligations of Section for 1508. Florida Statutes. 84 1-28-98 SIGNATURE (NOTE: Registered Agent signature required when reinstating) CF2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1,1 TITLE Change Addition BREGOLAT, PABLO A 1.2 NAME 4391 S.W. 11TH STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33134** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TOLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 attention that my name address.