

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90025 044 ***150.00

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DOCUMENT # P95000029854

1. Corporation Name
L'ELECTRICFIL U.S.A., INC.

Principal Place of Business
% 3001 S.W. THIRD AVENUE
MIAMI FL 33129

Mailing Address
% 3001 S.W. THIRD AVENUE
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/17/1995

4. FEI Number
65-0661971

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, AMAURY ESQ.
3001 S.W. THIRD AVENUE
MIAMI FL 33129

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P
NAME LUCIUS, HORACIO E
STREET ADDRESS 1740 CORAL WAY STE. A-1
CITY-ST-ZIP MIAMI FL 33145

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D/P
HORACIO E. Lucius
1110 Brickell Ave. #820
Miami, FL. 33131

TITLE D/T
NAME LUCIUS, MIGUEL A
STREET ADDRESS 1740 CORAL WAY STE. A-1
CITY-ST-ZIP MIAMI FL 33145

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V/T/D
Miguel A. Lucius
1110 Brickell Ave. #820
Miami, FL. 33131

TITLE DS
NAME LUCIUS, DIEGO R
STREET ADDRESS 1740 CORAL WAY STE A1
CITY-ST-ZIP MIAMI FL 33145

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D/S
Diego R. Lucius
1110 Brickell Ave. #820
Miami, FL. 33131

TITLE S
NAME SBERT, JEAN L
STREET ADDRESS 1110 BRICKELL AVE., #820
CITY-ST-ZIP MIAMI FL 33131

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN L. SBERT 01-06-99 (305) 379-0114

Date Daytime Phone #

CR2E034 (1/98)