## 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

## DOCUMENT # P95000088917 1. Corporation Name

SUNIX ELECTRIC, INC.

## FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90021 025 \*\*\*150.00



				<u>-</u>		
Principal Place	e of Business	Mailing Address				
7215 NW 41 ST	Т	7215 NW 41 ST				
STE H MIAMI FL 33166		STE H MIAMI FL 33166		DO NOT WRITE IN THIS SPACE		
,		US		3. Date Incorporated or Qualifed		
				11/20/1995		
2. Principal Pl	lace of Business	2a. Mailing Address	^ 1	4. FEI Number	Applied For	
21 690	7 NW 82 AVE.	26 6907 NW	82 AVE	65-0623660	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		E Cortifecte of Status Desired	3.75 Additional	
22		27			Fee Required	
	City & State		11	6. Election Campaign Financing \$5.00 May Be		
	MIAMI, FL 28 MIAMI, F		Country	Trust Fund Contribution Added to Fees		
Zip	Country	<u> </u>	Country	8. This corporation owes the current year Intangib		
24 3316	66 25 US	29 33166 30	_US	Personal Property Tax. LY  10. Name and Address of New Registered Agen		
	9. Name and Address of Current	Registered Agent	81 Name	10. Raille alid Addition of New Registeres Agen		
ZHOU, SHEWEN						
55 FAIRWAY DRIVE #19E			82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI SPRINGS FL 33166			83			
			_			
			84 City	FL 85	Zip Code	
At Describing of Casting 607 0502 and 607 1509. Slotide Statutes the above pared corporation submits this statement for the gurnose of changing its registered						
office or registered agent, or both, in the State of Florida. Such change was furthorized 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 607.0508 Florida Statutes.						
agent, I am tamiliar with, and accept the obligations of Section our Newson Priorities.						
SIGNATURE Signature, typed or printed name or registed graft and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
TITLE	PVST	☐ DELETE 1	1.1 TITLE		hange	
NAME	ZHOU, SHEWEN	. 1	1.2 NAME			
STREET ADDRESS	55 FAIRWAY DRIVE #19E	1	1.3 STREET ADDRESS		∫ i	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	1	1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE 2	2.1 TITLE		Change	
NAME	ZHOU, SHEWEN	z	2.2 NAME			
STREET ADDRESS	55 FAIRWAY DRIVE #19E	2	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	2	2. 4 CITY-ST-ZIP			
TITLE		□.DELETE .3	3.1.TITLE		Change Addition	
NAME			3.2 NAME	<u>.</u>	1	
STREET ADDRESS		3	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE 4	4.1 TITLE		Change	
NAME		4	4. 2 NAME		ļ	
STREET ADDRESS		4	4.3 STREET ADDRESS		-	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE			5.1 TITLE		Change	
NAME		5	5.2 NAME			
STREET ADDRESS		5	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST+ZIP			
TITLE			6.1 TITLE		Change	
NAME		6	6.2 NAME			
STREET ADDRESS		<b>]</b> (	6.3 STREET ADDRESS		Ì	

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 affachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: