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## 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 # P95000095989

1. Corporation Name

NATIONAL ENERGY CONSERVATION, INC.

Principal Place of Business Mailing Address			( SOUTH AND SOURCE DISTRIBUTION OF THE SOURCE	(010) 01)(0 (010) 10)(0 10)(1 10)	
3910 NW 167TH ST OPALOCKA FL 33054 US		3910 NW 167TH ST NO. MIAMI FL 33168 US		DO NOT WRITE IN THIS	; SPACE
		00		3. Date Incorporated or Qualifed 12/19/1995	
2. Principal Pl	lace of Business	2a. Mailing Address	·	4. FEI Number	Applied For
21		26		65-0633313	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	tangible ☐ Yes ☐ No
24	25	29 30	0	Personal Property Tax.	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81. Name  81. Name					
CARBO, REMBERTO				ARBAUO, USCAT	
13525 NORTHWEST FIFTH AVENUE				ddress (P.O. Box Number is Not Acceptable)	et
NO. MIAMI FL 33168			83	7,	
			84 City	PA LOCKA FI	85 Zip Code
				, 00 0 0	abanging its registered
11. Pursuant to the provisions of Sections 607.0602 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 objections 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed image of registerer agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OATE  OATE					
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	VP ,	☐ DELETE		PST	☑Change ☐ Addition
NAME	ARBALLO, OSCAR		1.2 NAME	ARBALLO, OSCAR. 3910 NW 167 ST.	
STREET ADDRESS	13349 SW 117 LANE		1 3 STREET ADDRESS	OPA LOCKA - FL -	33054
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	OPA COOKA - (C-	☐ Change ☐ Addition
TITLE	P	L DELETE	2.1 TITLE		Cloudings Clynoling
NAME	CARBO, REMBERTO SR		2.2 NAME		
STREET ADDRESS	13525 NW 5TH AVE. N MIAMI FL 33168		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	IN MUNITER 33 100	☐ DELETE	2. 4 CITY- ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	6.4 CITY-ST-ZIP 6.1 TITLE	<u> </u>	Change Addition
TITLE		C OCCUIT	6.2 NAME		المالكة الساء المالكة

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 fine receiver of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIN