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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000032906 (5)

1. Corporation Name

~~MEMAH, INC.~~ HOLBERT ELECTRIC CORP.

Principal Place of Business

~~2550 DOUGLAS RD. SUITE #300-A~~
~~CORAL GABLES FL 33134~~

Mailing Address

~~2550 DOUGLAS RD. SUITE #300-A~~
~~CORAL GABLES FL 33134~~



3. Date Incorporated or Qualified

04/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 1440 Alton Road

Suite, Apt. #, etc.

22 City & State

23 Miami Beach, FL

Zip

33139

Country

24 Dade

2a. Mailing Address

26 4960 Lakeview Dr.

Suite, Apt. #, etc.

27 City & State

28 Miami Beach, FL

Zip

33140

Country

29 Dade

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

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

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

WILLARD C. HOLBERT

82 Street Address (P.O. Box Number is Not Acceptable)

4960 Lakeview Drive

83

84 City

Miami Beach

FL

85 Zip Code

33140

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

Willard C. Holbert

WILLARD C. HOLBERT

APRIL 14, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
PSTD
LEONARD, REBECCA
STREET ADDRESS
2550 DOUGLAS RD, SUITE #300-A
CITY-ST-ZIP
CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
HOLBERT, WILLARD C.

1.3 STREET ADDRESS
4960 LAKEVIEW DR.

1.4 CITY-ST-ZIP
MIAMI BEACH, FL 33140

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
HOLBERT, FLORENCE

2.3 STREET ADDRESS
4960 LAKEVIEW DR.

2.4 CITY-ST-ZIP
MIAMI BEACH, FL 33140

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***173.75

14. I do 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.

SIGNATURE:

Willard C. Holbert WILLARD C. HOLBERT

APRIL 14 1997 (305) 866-3705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)