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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041096 (4)

1. Corporation Name
SYNTHETEC ELECTRICAL NETWORK, INC.

Principal Place of Business
6800 NW 27TH AVE., STE. 9A
MIAMI FL 33147

Mailing Address
6800 NW 27TH AVE., STE. 9A
MIAMI FL 33147-7220



3. Date Incorporated or Qualified
05/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 472673

4. FEI Number

650678175

Applied For

Not Applicable

22 City & State

27 City & State
MIAMI FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

25

30 33247

DADE

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

ADEKUNLE
7195 NW 179 STREET, #308
MIAMI FL 33015

81 Name ADEKUNLE OGUNDEJI

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

17600 NW 68th AVENUE
#405

84 City MIAMI

FL

85 Zip Code 33015

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 of type 1 or 2 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST
NAME OGUNDEJI, ADEKUNLE
STREET ADDRESS 7195 NW 179 STREET, #308
CITY-ST-ZIP MIAMI FL 33015

1.1 TITLE PRESIDENT/SECRETARY
1.2 NAME ADEKUNLE OGUNDEJI
1.3 STREET ADDRESS 17600 NW 27th AVENUE #405
1.4 CITY-ST-ZIP MIAMI FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

ADEKUNLE OGUNDEJI / PRESIDENT 4/21/97 3:10pm/305-6941136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0206140

CR2E034 (9/96)