

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90084 047 ***150.00

DOCUMENT # P96000080766 (4) ✓

1. Corporation Name

ALLIED ELECTRICAL DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

7241 NW 54 ST.
MIAMI, FL. 33166

7241 NW 54 ST.
MIAMI, FL. 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

2. Principal Place of Business

21 201 SEVILLA AVE.

2a. Mailing Address

26 201 SEVILLA AVE.

4. FEI Number

65-0707184

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 302

Suite, Apt. #, etc.

27 SUITE 302

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

23 CORAL GABLES, FL.

City & State

28 CORAL GABLES, FL.

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

Zip Country

24 33134-6616 25

Zip Country

29 33134-6616 30

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUTO, MIGUEL
7241 NW 54 ST.
MIAMI, FL. 33166

81 Name

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

201 SEVILLA AVE #302

83

84 City CORAL GABLES

FL

85 Zip Code 33134

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 ☐ DELETE
NAME D
STREET ADDRESS 1205 MARIPOSA AVE., #212
CITY-ST-ZIP CORAL GABLES, FL. 33146

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME COUTO, MIGUEL
1.3 STREET ADDRESS 733 PALERMO AVE
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

4/27/99

Date

Daytime Phone #

CR2E034 (11/98)