

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

①

1997 AUG -1 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000084716 (5)**

1. Corporation Name

PAD ELECTRICAL SERVICES, INC.

Principal Place of Business

Mailing Address

**11240 NW 60TH CT
HIALEAH FL 33012**

**11240 NW 60TH CT
HIALEAH FL 33012**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1998		3a. Date of Last Report	
21		26		4. FEI Number 65-0711961		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DIAZ, PEDRO A 11240 NW 60TH CT HIALEAH FL 33012				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, PEDRO A	1.2 NAME	
STREET ADDRESS	11240 NW 60TH CT	1.3 STREET ADDRESS	900002262109--9
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	-08/08/97--01114--014
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE REQUIRED

2-16-97 130518264353

CR2E034 (4/97)



RATE AND FEE SCHEDULE

Account Holders: PAD ELECTRICAL SERVICES INC
11240 NW 60TH CT
HIALEAH, FL 33012

Financial Institution: OCEAN BANK
PALM SPRINGS
790 WEST 49 STREET
HIALEAH, FL 33012

We appreciate your decision to open a deposit account with us. This schedule sets forth certain conditions, rates, fees, and charges that are specific to your Account. Each Account Holder agrees to the terms set forth on this Deposit Account Rate and Fee Schedule, and acknowledges that it is a part of the Account Agreement. Subject to applicable law and the terms of the Account Agreement, we may amend the rates, fees and charges contained in this schedule from time to time.

BUSINESS CHECKING - 000030318543505

Account Holder: PAD ELECTRICAL SERVICES INC

Account Opening Date: 01-03-1997

Account Ownership: Corporation (For Profit)

Account Purpose: Non Consumer

Limitations: You must deposit \$100.00 to open this account.

Account Fees: Fixed monthly maintenance fee - \$ 12.00 / Per Item Charges: Deposits \$0.25 -- Checks Paid \$0.15 -- Deposit Items \$0.11 / An earning credit based on the previous month 90 day T-Bill applied to the average collected balance less the current reserve requirement, is deducted from the above mentioned charges. The following fees apply to this account: Account Closed within 90 days from opening: \$ 10.00; Account Closed via Letter: No Charge; Cut off statement: \$ 5.00 / statement; Deposit Corrections: No Charge; Dormant Account Charge/ Per Month (Accounts without activity for a period of 2 years): \$ 10.00 / statement; Hold Mail (Per month): \$ 10.00 / month; Redeposit Returned Item: No Charge; Returned Mail: \$ 10.00 / month; Special Statement (No Checks): \$ 2.00 / statement; Stop Payment Charge: \$ 25.00 / item; Deposited Items Charged Back: \$ 6.00 / item; Non-Sufficient Funds--Returned Item: \$ 27.00 / item; Non-Sufficient Funds--Paid Item: \$ 27.00 / item; Overdraft Interest: 17.65% per annum; Uncollected Funds--Returned Item: \$ 27.00 / item; Uncollected Funds--Paid Item: \$ 2.00 / item paid; and Balance Inquiry (Lobby): \$ 1.00 / inquiry.

DEPOSIT PRO, Reg. U.S. Pat. & TM. Off., Mar. 7, 1994 (C) 1997, OF ProServices, Inc. All Rights Reserved. FL - FIC 1117151765

I do NOT understand WHY I MUST PAY this late fee, BECAUSE MY CORP WAS NOT started until JAN - 3 - 1997, I WAS waiting for my fed ID # so we were not able to start the corp. I thought that the payment was made until 1998, so please I'm going to sent you the Reg fee, AND hope that you will drop this late fee. this is my first time doing A corp. I trusted my Accounted, and WAS NOT AWARE. I never saw the first advice, this is a surprise to me. Please help me out.

THANKS YOU.

Pedro Diaz

Mech P.