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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000027392

1. Corporation Name

FLORIDA ELECTRICAL CONTRACTORS, INC.

			·					
Principal Place of Business 14921 SW 1()4 STREET #106 MIAMI FL 33196		Mailing Address 14921 SW 104 STREET #106 MIAMI FL 33196						
					DO NOT WRITE IN THIS SPACE			
	•				3. Date Incorporated or Qualifed			
			-		03/26/1997			Į
2. Principa Place of Business		2a. Mailing Address			4. FEI Number	App	lied For	
21		26			65-0739232		Applicable	
Suite, Ant. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22		27		3. 3. 3. 3. 3. 3. 3. 3.	Fee Recuired			
City & State		City & State		6. Election Campaign Financing	\$5.00	, ı	ı	
23		28		Trust Fund Contribution	Added to Fees			
Zip	Cour try Zip		Country		8. This corporation owes the current year			!
24	25	29	30		Persor at Property Tax. 10. Name and Address of New Register		UNO	ı
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registe	ereu Agent		
GON	IZALEZ, ANTONIO			1				ı
14921 SW 104 STREET				82 Street Acd	ress (P.O. Box Number is Not Acceptable)			l
#106			-	83				l
	ў. VII FL 33196			03				l
(7),, (1)	W 1 E 33 133		Ī	84 City		FI 85 Zip C	ode	i
office ⇔r r	registered agent, or both, in the State of the familiar with, and accept the obligat	of Florida. Such change was non- eons of, Section 607.0505, F	authorized Drida Statu	by the corporatites.	poration submiss this statement for the purposion's board of directors. I hereby accept the a	ipt ointment as reç	gistered	
Signature, typed or printed ne ne of registered ag			<u> </u>	Agent signature requir	ADDITIONS/CHANGES TO OFFICER		PS IN 12	1/08
TITLE	OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition	1
NAME	GONZALEZ, ANTONIO		1.2 NA					7
	44004 OUL 404 OT #400			REET ADDRESS				F034
STREET ADDRESS	MIAMI FL 33196			Y-ST-ZIP				200
CITY-ST-ZIP TITLE	VD	☐ DELETE	2,1 TIT			Change	Addition	ָ כֿ
NAME	GONZALEZ, JOSE A		2.2 NA					
	44004 OM 404 OT #400			REET ADDRESS				
STREET ADDRESS	MIAMI FL 33196			TY-ST-ZIP				
CITY-ST-ZIP	STD	☐ DELETE	3.1 TIT			☐ Change	Addition	
NAME	GRASSO, ZOYLA T		3 2 NA					
STREET ADDRESS	44004 OW 404 OT #400		1	REET ADDRESS			ĺ	ĺ
CITY-ST-ZIP	MIAMI FL 33196			TY-ST-ZIP				ĺ
TITLE	D	DELETE	4.1 TIT			☐ Change	Addition	l
NAME	JIMENZ, O		4 2 N	WE.				
STREET ADDRESS			4.3 ST	REET ADDRESS				i
CITY-ST-ZIP	MIAMI FL 33193			Y-ST-ZIP				ĺ
TITLE		☐ DELETE	5.1 TIT			Change	Addition	i
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			5.4 CIT	TY-ST-ZIP			· _ • ·	
TITLE		☐ DELETÉ	6.1 TIT	LE T		☐ Change	Addition	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS				

14. I heret y certify that the informa ion 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 2 or Block 13 if changes, or an an attachment with an address, with all other like ampowered.

SIGNATURE:

305 3976458 Daytime Phone #