**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000084432

1. Corporation Name

CHINTANA FLECTRIC CORP

## Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90106 050 \*\*\*150.00

	NA ELECTRIC, CORP.								
Principal Place	e of Business	Mailing Address				3 INDIIA 115 (Bills 1801) galist	BBfil Mhtir adrar		8 () (16 () B) 10 B)
6024 SW 8 STR	REET #C328	6024 SW 8 STREET #C328							
MIAMI FL 33144 MIAMI FL 33144						DO NOT WE	RITE IN THIS	SPACE	
						Date Incorporated or Qualifer			
	,					09/29/1997	_	•	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		· Ap	oplied For
21		26				65-0786699		No	ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	- 🗇 .	-\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee Re	equired
City & State	e	City & State	_			6. Election Campaign Financing	<b>,</b> $\Box$	\$5.00	
23		28				Trust Fund Contribution		Added	to Fees
Zìp	Country	Zip	Coun	itry		8. This corporation owes the cu	irrent year Int		□No
24	25	29	30			Personal Property Tax.  10. Name and Address of New	Ponistered	Yes	LINO
	9. Name and Address of Currer	t Registered Agent		81	Name	To. Name gilu Address of New	Kegistered	- Agent	_
OHIO	NTANA, RAMON		[	·   ·			*		
	SW 8 STREET #C328		[1	82	Street Addr	ress (P.O. Box Number is Not Accep	otable)		J
	WI FL 33144		\  -	83			<del></del> ·		
74107-111	WI - E 30114								
			[;	84	City		FL	85 Zip	Code
11. Pursuant t							obtain abban		
office or re agent. I ar SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0505, Floi	nda Statut	les.		on's board of directors. I hereby acc	DATE		
office or re agent. I ar SIGNATURE	m familiar with, and accept the obligation of registered age	ations of, Section 607.0505, Floi	nda Statut	les.		id when reinstating)  ADDITIONS/CHANGES TO C		•	
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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 employered 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 adverse with all other like employered. indicated on this annual report or supplemental annual report is true officer or director of the corporation or the receiver or trustee empty Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAM