

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90221 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000032883

1. Corporation Name
HUMBERTO ELECTRONIC SVA, INC.



Principal Place of Business 4290 PALM AVE HIALEAH FL 33013 474 East 49th #102 Hialeah, Fla. 33013		Mailing Address 4290 PALM AVE HIALEAH FL 33013 474 E. 49th #102 Dalton Fla 33013		3. Date Incorporated or Qualified 04/09/1998	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number WT-0827869	Applied For Not Applicable		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23. Zip	28. Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country	29. Country	30. Country			

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent VAZQUEZ, HUMBERTO 4290 PALM AVE HIALEAH FL 33013				10. Name and Address of New Registered Agent	
81 Name				Humberto Vazquez	
82 Street Address (P.O. Box Number is Not Acceptable)					
83 City				474 E. 49th #102	
84 City				Hialeah FL 33013	

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: *Humberto Vazquez* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Humberto Vazquez <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, HUMBERTO	1.2 NAME	
STREET ADDRESS	4290 PALM AVE	1.3 STREET ADDRESS	474 E. 49th #102
CITY-ST-ZIP	HIALEAH FL 33013	1.4 CITY-ST-ZIP	Hia. Fla. 33013
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Juana I Vazquez <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, JUANA I	2.2 NAME	
STREET ADDRESS	4290 PALM AVE	2.3 STREET ADDRESS	474 E. 49th #102
CITY-ST-ZIP	HIALEAH FL 33013	2.4 CITY-ST-ZIP	Hia. Fla. 33013
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 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: *Humberto Vazquez* **SIGNATURE REQUIRED** Date: **4/20/99** Daytime Phone #: **362-9139**

CR2E034 (1/98)