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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000083893

1. Corporation Name
MORENO ELECTRIC, INC.

Principal Place of Business
P.O. BOX 5737
LAKE WORTH FL 33466

Mailing Address
P.O. BOX 5737
LAKE WORTH FL 33466



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/29/1998

2. Principal Place of Business
21 P.O. Box 7342
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 7342
Suite, Apt. #, etc.

4. FEI Number
65-086 5898
Applied For Not Applicable

22

27

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Lake Worth FL

28 City & State
Lake Worth FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33466 25 Country PALM BEACH

29 Zip 33466 30 Country PALM BEACH

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

MORENO, ROBERTO
10355 S.W. 58TH STREET
MIAMI FL 33173

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Table with 12 rows for Officers and Directors. Row 1: MORENO, ROBERTO, P.O. BOX 5737, LAKE WORTH FL 33466. Includes checkboxes for DELETE.

Table with 12 rows for Additions/Changes to Officers and Directors in 12. Row 1: D. MORENO, P.O. BOX 7342, LAKE WORTH, FL. 33466. Includes checkboxes for Change and Addition.

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 Date

(205) 558-1010 Daytime Phone #

CR2E034 (11/98)