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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S24079 1. Corporation Name

SANSON ELECTRICAL PLUS, INC.

Principal Place	e of Business	Mailing Address			
3641 SW 25TH TERR		3641 S2 25TH TERR			
MIAMI FL 33133		MIAMI FL 33133		DO NOT WRITE IN	THIS SPACE
US		US		3. Date Incorporated or Qualifed	11110 017102
				12/28/1990	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0322592	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	ered Agent
			81 Name		
MORENO, RODRIGO			82 Street /	Address (P.O. Box Number is Not Acceptable)	·
3641 SW 25 TERRACE					
MAIM	MI FL 33133		83		
			84 City		85 Zip Code
			Oily		FL S S S S S S S S S
agent, I a	m familiar with, and accept the obligat				
SIGNATURE	Signature, typed or printed name of registered agen	if and title if applicable. (NOTE: Reg	gistered Agent signature re		
12.	Signature, typed or printed name of registered agen OFFICERS AN	of and title if applicable. (NOTE: Reg D DIRECTORS	gistered Agent signature re	equired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	
12.	Signature, typed or printed name of registered agen OFFICERS AN	if and title if applicable. (NOTE: Reg	gistered Agent signature re 13. 1.1 TITLE		S AND DIRECTORS IN 12
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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 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 page attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

01-27-99.

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90032 006 ***150.00