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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$52329

(7)

FILED Apr 24 1997 8:00am Secretary of State

STATE ELECTRIC AND FIRE, INC. Principal Place of Business Mailing Address 2910 SW 127TH AVE MIAMI FL 33175 MIAMI FL 33175-2143											
							3. Date incor 05/14/19	porated or Qualified		nte of Last I 07/1996	
	Principal Prace of Business Suite, Apt. #, etc.		2a, Mailing	Address		···	4. FEI Numb				pplied For
Suite, Apt			Suite, Apt. #, etc.					65-0350495 5. Certificate of Status Desired			Not Applicabl 3.75 Additional
]			27				5. Certificate	or Status Desired			lequired
- City & Sta D	ito		City & S	tate			Y	ampaign Financing			May Be
Zip	Cou	intry	28 Zip		Coun	itry		Contribution ration has liability fo			to Fees
3	25		29		30		Florida Sta	itutes	Yes [] No	0. 100.001.,
	g. Name and Add	dress of Current	Registered Ag	ent			10, Name and	Address of New F	Registered	Agent	
	ITO, ARMANDO				Į,	Name					
	10 SW 127TH AVE AMI FL 33175				Ī	82 Street A	ddress (P.O. Box Nu	mber is Not Accepta	able)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MI	MMI FL 331/3				T T	B3					
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		accept the obligat	of Florida. Such tions of, Section	change was 607.0505, F	authorized lorida Statu	by the corpo ites.	corporation submits t oration's board of dir	ectors, I hereby acc	ept the app	ointment as	s registered
IGNATURE	Styrative, typed or period r		nt and title it applicable	, (NC	TE: Registered	Agent signature r	required when reinstating)	ectors. I hereby acc	DATE	DIRECTO	RS IN 12
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4. Let needy early mat the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes: Florither 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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/97

305-554-5457 Dayline Phone *