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

STREET ADDRESS

CITY-ST-ZIP

Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1)S53553 **ELECTROPOWER UTILITY SALES COMPANY** Principal Place of Business Mailing Address 13552 SW 129TH STREET 8061 S.W. 89TH PLACE MIAMI FL 33186 **MIAMI FL 33173** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1991 2. Principal Place of Business 2e. Mailing Address 4. FEI Number Applied For 21 65-0398761 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Interpuble Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CABRERA, IVONNE L 8061 S.W. 89TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33177-3 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1608. 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATU (NOTE: Registered Agent signature required when reinstaling) (10/97)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE DELETE 1.1 TOLE CABRERA, IVONNE L NAME 1.2 NAME CR2E034 8061 S.W. 89TH PLACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33173** 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAM STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$1-2IP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change Addition TITLE 5.1 TITLE 300002406293 5.2 NAME ſW NAME -01/21/98--01027--018 1.20 5.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 3000024062:9E/mange Addition TITLE 61 1ITLE -01/21/98--01027--019 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 earl; that I am an officer or director of the corporation or the receiver or trusted improved to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Brock 13 in ghanged, or on an attachment with the address.

SIGNATURE.

\*\*\*8.75

**FILED**