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 # \$53553

ELECTROPOWER UTILITY SALES COMPANY

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Principal Plac	ce of Business	Mailing Address					TOTAL BANDO INTERNA	III DIEN DIŞNI BIDI	191011
13552 SW 129TH STREET MIAMI FL 33186		8061 S.W. 89TH PLACE MIAMI FL 33173			DO NOT WRITE IN THIS SPACE				
US	•					3. Date Incorporated or Qu		IIS SPACE	·
		·				05/16/1991	iameo		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		I A	pplied For
21		26				65-0398761		· -	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			***	5. Certifcate of Status Des	ired X	\$8.75	Additional
22 :	and the second s		<u> </u>		<u> </u>	5, Certificate of Status Des	lied V	Fee:R	lequired
City & Sta	nte.	City & State				6. Election Campaign Fina	ncing 🖂	•	May Be
23	Country	28			- ·	Trust Fund Contribution			to Fees
Zip	Country 25	Zip	Coun	ııry		8. This corporation owes the	ne current year	Intangible ☐ Yes	⊠ No
24	9. Name and Address of Current	29 Registered Agent	30			Personal Property Tax. 10. Name and Address of	New Registers		ZUNU
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CAB	BRERA, IVONNE L	Maria a	,	20 -					
806	1-S.W. 89TH PLACE	LOSE TABLE	ľ	82 S	treet Addre	ess (P.O. Box Number is Not A	(cceptable)		
MIA	MI FL 33177-3		1	83					10 12 14
			· .	84 C	City			85 Zip	Code
100 55 000 133			1'	•• `	/ity		F	L ` `	
	(Pr. Pr. 1975) Pr. 1975 Pr. 1								
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	tutes, the abo	ove-na	amed corpo	pration submits this statement	or the purpose	of changing it	s registered
11. Pursuant office of agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State of an familial with, and accept the obligation	and 607.1508, Florida Sta of Florida. Such change wa ons of, Section 607.0505, I	tutes, the abo s authorized Florida Statut	ove-na by the tes.	amed corpo corporation	oration submits this statement n's board of directors. I hereby	or the purpose accept the app	of changing it pointment as r	s registered egistered
11. Pursuant office or agent. I a SIGNATURE	Money Call	LL_PRESI	DENT-	IVO	NNE I	L. CABRERA (for the purpose accept the app		s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent	PRESII and title if applicable. (NO	DENT - OTE: Registered A	IVO	NNE I	L. CABRERA (01-04-9 DATE	9	
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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 on 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 dhanged, or on an attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

IVONNE DECABRERA SIGNATURE

CITY-ST-ZIP

PRESIDENT

01-04-99

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90027 050 ***158.75