

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S55039

(9)

1. Corporation Name

A-1 ELECTRIC OF MIAMI CORPORATION



Principal Place of Business

2840 S.W. 115TH AVENUE
MIAMI FL 33165

Mailing Address

2840 S.W. 115TH AVENUE
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21

Subs., Apt. #, etc.

26

Subs., Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MORENO, PEDRO
2840 S.W. 115TH AVENUE
MIAMI FL 33165

3. Date Incorporated or Qualified

05/24/1991

3a. Date of Last Report

04/17/1995

4. FEI Number

65-0263982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MORENO, PEDRO
STREET ADDRESS 2840 SW 115 AVE
CITY, ST, ZIP MIAMI FL ☐ DELETE

TITLE S
NAME MORENO, NORMA G.
STREET ADDRESS 2840 SW 115TH AVE.
CITY, ST, ZIP MIAMI FL ☐ DELETE

TITLE V
NAME YUT, MERO ALBERTO
STREET ADDRESS 11331 SW 416TH STREET
CITY, ST, ZIP MIAMI FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

13.

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or the registered or licensed professional to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or both as authorized with an address.

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

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CR2E034 (12/95)