

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

FILED
Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33165-2131	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORENO, PEDRO 2840 S.W. 115TH AVENUE MIAMI FL 33165		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 607.0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MORENO, PEDRO		1.2 NAME	
STREET ADDRESS 2840 SW 115 AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE S <input type="checkbox"/> DELETE		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MORENO, NORMA G.		2.2 NAME NORMA G. MORENO	
STREET ADDRESS 2840 SW 115TH AVE.		2.3 STREET ADDRESS 2840 SW 115TH AVE	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI FL 33165	
TITLE GERARDO MORENO <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME GERARDO MORENO		3.2 NAME GERARDO MORENO	
STREET ADDRESS 12450 SW 11 Terrace		3.3 STREET ADDRESS (MORENO GERARDO)	
CITY-ST-ZIP MIAMI FL 33184		3.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT. <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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 on an attachment with an address.			
SIGNATURE: [Signature] 7-2-5-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)