

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

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Jan 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V31918** (8)

1. Corporation Name  
**EMPIRE ELECTRIC OF FLORIDA, INC.**

Principal Place of Business

**6400 SW 43 STREET  
MIAMI FL 33155  
US**

Mailing Address

**6400 SW 43 STREET  
MIAMI FL 33155-5135  
US**

3. Date Incorporated or Qualified **04/28/1992** 3a. Date of Last Report **01/26/1996**

4. FEI Number **65-0084560** 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

2. Principal Place of Business

21 **6400 SW 43 STREET**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI, FL**

Zip

24 **33155**

Country

25 **U.S.A.**

2a. Mailing Address

26 **6400 SW 43 STREET**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI, FL**

Zip

29 **33155**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**HERNANDEZ, ANTONIO E.  
6400 S.W. 43 ST.  
MIAMI FL 33155**

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 607.0502 and 607.1508, 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

Signature typed or printed name of registered agent and E.O. 12812, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/7/97**

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE  
NAME **HERNANDEZ, ANTONIO E.**  
STREET ADDRESS **6400 SW 43RD ST.**  
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Antonio E Hernandez**  
**1-7-97 (305) 264-9982**

Date Daytime Phone #

CR2E034 (9/96)