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 # V63247

1. Corporation Name

CADMO ELECTRIC DE MIAMI COMBANY

GARINO ELECTRIC OF IVIANII CONFANT							
Principal Place of Business	i i	Mailing Address			1 18611 815818 61188 (1118 11811 8161) 1667 91	èn aran aran aran	10)(\$12(188)
200 SW 133 AVE. 200 SW 133 AVE. MIAMI FL 33184 MIAMI FL 33184							
					DO NOT WRITE IN T	HIS SPACE	
		,			3. Date Incorporated or Qualifed 09/11/1992		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 26		·			65-0373134	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
22	27				7.4		
City & State		City & State		6. Election Campaign Financing	\$5.00		
23 28			Country		Trust Fund Contribution	Added to	o Fees
Zip Country Zip			Country	•	8. This corporation owes the current year	r Intangible ☐ Yes	X No
24 25	Address of Correct Base		30		Personal Property Tax. 10. Name and Address of New Registe		ZZĮIVO
9, Name and	Address of Current Reg	istered Agent	81	Name	To, Italije and Address of Itaw Registe	A Agent	
GARCIA, JOSE A.			•"	Ivallie	·		
200 SW 133 AVE.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33184			83				
			84	City	The Page of Set of Meson For Collection and The Court Set of Set	85 Zip C	
12.	of registered agent and tit OFFICERS AND DIF		13.		d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TILE D			1.1 TITLE		25-127-124		☐ Addition
NAME GARCIA, JOS			1.2 NAME				
STREET ADDRESS 200 SW 133	AVE.		1	TADDRESS			
CITY-ST-ZIP MIAMI FL		☐ DELETE	1.4 CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE PST	F A	□ nere is	2.1 TIȚLE			Change	L Addition
NAME GARCIA, JOS			2.2 NAME				
STREET ADDRESS 200 SW. 133 CITY-ST-ZIP MIAMI FL			2.3 STREE 2. 4 CITY-S	T ADDRESS			
CITY-ST-ZIP MIAMI FL	W The state of the	☐ DELETE	3.1 TITLE) I V I		Change	Addition
(3/31)	, tea	_	3.2 NAME				_ <u>.</u>
NAME STREET ADDRESS	-74		- 8	TADDRESS			
CITY-ST-ZIP			3.4. CITY-S				
TITLE		☐ DELETE	4.1 TITLE		The state of the s	Change	Addition
			4. 2 NAME			• •	
NAME STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	;	•	4.4 CITY-S	1			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		50 Sec. 10 Sec		
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	A Company of the Comp		
TITLE STATE OF THE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	•	•	6.2 NAME				
STREET ADORESS			6.3 STREE	TADORESS			

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90063 041 ***158.75