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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

1. Corporation Name

9647 (8)

ALL ELECTRIC OF RECOEL CORP.

 Principal Place of Business
 Mailing Address

 20785 S.W. 256TH ST.
 20785 S.W. 256TH ST.

 MIAMI FL 33031
 MIAMI FL 33031



20785 S.W. 256TH ST. MIAMI FL 33031		20785 S.W. 256TH ST. Miami Fl. 33031				
					3. Date Incorporated or Qualified 10/08/1992	3a. Date of Last Report 04/17/1995
2. Principal Place of Business 2a. Mailir		2a. Mailing Address	ailing Address		4. FEI Number	Applied For
· · · · · · · · · · · · · · · · · · ·		26			65-0361753	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.	· ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Z <sub>i</sub> p	Country	Zιρ	Country		8. This corporation has liability fo	r intangible tax under s. 199.032,
24	25	29	30			s 🗆 No
	9. Name and Address of Currer	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New	Registered Agent
			81	Name		
	INO, CARLOS		82	Street Addr	ress (P.O. Box Number is Not Accepta	(ble)
20785	S.W. 256TH ST.					
MIAM	FL 33031		83			
			84	City		let Zn Code
			64	City		FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori in, and accept the obligations of, Sect	da. Such change was authoriz	ed by the corpo	amed corpor oration's boa	ration submits this statement for the p and of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE						
	Signature, typod or prioreo name of registere diagonit		TE: Registered Agent	l signature require		DATE
_ 12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TIELF	PTD	☐ DELETE	1 1 Tatle			Change Addition
NAME	LONDONO, CARLOS A.		1.2 NAME			
STREET ADDRESS	20785 S.W. 2567TH ST.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-S	T-ZIP		
TIFLE	SD	DELFTE	2 1 TITLE			Change Addition
NAME	LONDONO, LUCY M.		2 2 NAME			
STREET ADDRESS	20785 S.W. 256TH ST.		23 STREET	address		
CHTY-ST-ZIP	MIAMI FL		2.4 CHTY - S1	T-ZIP		
TIFLE	T	DELETE	3 1 TITLE			Change Addition
NAME	Londono, Elizabeth J.		3.2 NAME			
STREET ADORESS	20785 S.W. 256TH ST.		3.3. STREET	ADDRESS		
CHY-ST ZIF	MIAMI FL		3 4 CITY - \$1	1 - ZIP		
TITL <del>!</del>	☐ DELETE		4. 1 TITLE			☐ Change ☐ Addition
NAMI			4.2 NAME	1		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY - ST - ZIP			4.4 CHTY - \$1	i		
TILLE		DELETE	5 1 TITLE			Change  Addition
NAMe			5 2 NAME			
STREET ADDRESS			5 3 STREET	ADORESS		
CITY - ST - ZIP			5 4 CiTy - S1			
Tif, F		☐ DELETE	6 1 TITLE			Change Addition
NAME		<u></u>	6.2 NAME			C Sumage C Notation
STREET ADDRESS			6.3 STREET	ADODECC		
CITY - ST - ZIP				· ·		
CIST - SI - ZIP			6.4 CITY - ST	1 - ZIP		

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 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 certify that I am an officer or director of the 1 provation 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 Brook 13 if sharpter, or on an attachment with an address.

SIGNATURE:

SHATORE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (30s) 245

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