

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

FILED
May 12 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 # **L47623 (8)**
 1. Corporation Name
A-LUGO & LUGO ELECTRICAL CONTRACTOR, INC.



Principal Place of Business: **14378 SW 139 CT UNIT NO. 11 MIAMI FL 33186**

Mailing Address: **14378 SW 139 CT UNIT NO. 11 MIAMI FL 33186-5503**

3. Date Incorporated or Qualified: **01/30/1990** 3a. Date of Last Report: **07/02/1996**

4. FEI Number: **59-2987240** 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 Same as above** 2a. Mailing Address: **26 Same as above**

22 Suite, Apt #, etc: **27 Same as above**

23 City & State: **28 Same as above**

24 Zip: **25 Country: 29 Zip: 30 Country:**

9. Name and Address of Current Registered Agent

LUGO, JACKIE
13360 SW 49 ST
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: **Lugo, Bernard**

82 Street Address (P.O. Box Number is Not Acceptable): **13360 SW 49 Street**

83 City: **Miami, Florida 33175**

84 City: **Miami** 85 Zip Code: **33175**

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: **Bernard Lugo - President** DATE: **4-16-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGO, BERNIE O.	1.2 NAME	
STREET ADDRESS	13360 SW 49 STR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUGO, JACKIE C	2.2 NAME	Carlos cores
STREET ADDRESS	13360 SW 49 ST.	2.3 STREET ADDRESS	5181 w. Flagler ST
CITY - ST - ZIP	MIAMI FL 33175	2.4 CITY - ST - ZIP	Miami, Florida
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGO, ARIEL	3.2 NAME	
STREET ADDRESS	8810 FOUNTAINBLEAU BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33172	3.4 CITY - ST - ZIP	
TITLE	<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(5)(b), 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: **Bernie O Lugo - President** DATE: **4-16-97** Daytime Phone #: **305-233-2533**

CR2E034 (9/96)