

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

Amended (Remove and add an officer)

Even if amended stay the same.
 97 NOV 21 AM 9:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L47623**
 1. Corporation Name
A-Lugo + Lugo Electrical Contractor, Inc

Principal Place of Business Mailing Address
14378 SW 139 Ct Bay # 11

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 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number Applied for Not Applicable
59-2987240

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

9. Name and Address of Current Registered Agent

Bernard O Lugo
13360 SW 49 St
Miami, FL 33175

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 the applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

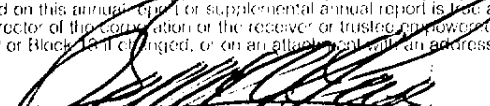
TITLE	Carlos Cores <input checked="" type="checkbox"/> DELETE
NAME	14378 SW 139 Ct
STREET ADDRESS	Miami, FL
CITY-ST-ZIP	Treasurer
TITLE	Bernard Lugo <input type="checkbox"/> DELETE
NAME	13360 SW 49 St Remaining
STREET ADDRESS	Miami, FL 33175 President
CITY-ST-ZIP	Vice President
TITLE	Ariel Lugo <input type="checkbox"/> DELETE
NAME	14378 SW 139 Ct Remaining
STREET ADDRESS	Miami, Fla Secretary
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Raymond Ward Garnett
13 STREET ADDRESS	14378 SW 139 Ct
14 CITY-ST-ZIP	Miami, FL 33186
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	000002356700--1
32 NAME	-11/25/97--01050--008
33 STREET ADDRESS	*****61.25 *****61.25
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

JB 11-24-97

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 attached list with an address.

SIGNATURE:  **President** 10-13-97 305-233-2533

CR2E034 (9/96)