

FILE NOW: FILING FEE AFTER MAY 1 IS \$

FILED

May 14 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name TRADEWINDS POWER CORP.		DOCUMENT # M10265 (0)	

Mailing Address 5820 N.W. 84TH AVENUE MIAMI FL 33166	Principal Place of Business 5820 N.W. 84TH AVENUE MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/21/1985		3a. Date of Last Report	
4. FEI Number 59-2489267		5. Certificate of Status Desired \$8.75 Additional Fee Required ☐		6. Election Campaign Financing Trust Fund Contribution ☐		7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No							

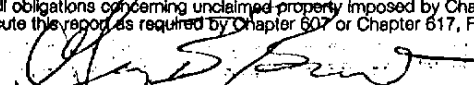
0. Name and Address of Current Registered Agent TRACY, T.J. III 5820 NW 84 AVE. SUITE 713 MIAMI FL 33166				10. Name and Address of New Registered Agent 81 Name T J TRACY III 82 Street Address (P.O. Box Number is Not Acceptable) SAME 83 84 City SAME FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/P TRACY, THOMAS J. 5820 NW 84 AVE. MIAMI FL (DELETE)			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT JOHN K BREWER 5820 NW 84TH AVENUE MIAMI, FLORIDA 33166		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S BREECE, A.L. 5820 NW 84 AVE. MIAMI FL (DELETE)			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT T J TRACY III 5820 NW 84TH AVENUE MIAMI, FLORIDA 33166		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREASURER GARY B BENNETT 5820 NW 84TH AVENUE MIAMI, FLORIDA 33166		
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	700002190577 -05/27/97--01003--010 ***495.00		

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4/30/97 305-592-9745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #