

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10:54

DOCUMENT # M43936 (7)

1. Corporation Name
PANTROPIC POWER PRODUCTS, INC.

Principal Place of Business Mailing Address
8205 N.W. 56TH STREET 8205 N.W. 58TH STREET
MIAMI FL 33166 MIAMI FL 33168

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/29/1986** 3a. Date of Last Report **02/09/1994**

4. FEI Number **59-2749643** 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 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOTAS, LUIS
8205 N.W. 58TH STREET
MIAMI FL 33168

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 title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	COLLAR, GARY L.
STREET ADDRESS	1835 PARK AVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	STC
NAME	BOTAS, LUIS
STREET ADDRESS	12725 SW 101ST TERR.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	BOTAS, LUIS	
3	STREET ADDRESS	12725 SW 101 TERRACE	
4	CITY-ST-ZIP	MIAMI, FL 33186	
2	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2	NAME	CABRERA, FERNANDO	
3	STREET ADDRESS	1761 SW 135 WAY	
4	CITY-ST-ZIP	MIRAMAR, FL 33027	
3	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	NAME		
3	STREET ADDRESS		
4	CITY-ST-ZIP		
4	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	NAME		
4	STREET ADDRESS		
4	CITY-ST-ZIP		
5	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME		
5	STREET ADDRESS		
6	CITY-ST-ZIP		
6	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME		
6	STREET ADDRESS		
6	CITY-ST-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 110.07(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 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: *Fernando Cabrera* **FERNANDO CABRERA 3-28-95 (305) 592-9444**