

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M76518 (3)
1. Corporation Name

American Power Systems, Inc.

Principal Place of Business
**14250 SW 136 Street
Suite 3
Miami, FL 33186
US**

Mailing Address
**1500 San Remo Avenue
Suite 210
Coral Gables, FL 33146
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a Mailing Address

26 **14250 SW 136 Street**
27 **Suite 3**
28 **Miami, FL**
29 **33186** 30 **USA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/14/1988**
4. FEINumber **65-0054405** 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
7. This corporation owes the current year Intangible Personal Property Tax Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**Grossman, Mark D.
1500 San Remo Avenue
Suite 210
Coral Gables, FL 33146**

81 Name **Grossman, Mark D.**
82 Street Address (P.O. Box Number is Not Acceptable) **5201 Blue Lagoon Drive, #100**
83
84 City **Miami** 85 Zip Code **FL 33126**

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 *Mark D. Grossman*
Signature, typed or printed name of registered agent and FEIN if applicable

(NOTE: Registered Agent signature is required when incorporating)

1/20/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	VP, S, D	[] DELETE
NAME	Lieb, Christine	
STREET ADDRESS	14250 SW 136 Street, #3	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	P, T, D	[] DELETE
NAME	Lieb, Kurt	
STREET ADDRESS	14250 SW 136 Street, #3	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****300.00 ****300.00

1/22/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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. 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, with all other like empowered.

SIGNATURE: *Christine Lieb* CHRISTINE LIEB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/99 305-251-9771

CR2E034 (11/98)