

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

APPROVED
AND
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97 OCT 21 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT AMENDED 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M44010
 1. Corporation Name
 1360 POWER, INC - Amended -

Principal Place of Business:	Mailing Address:
8951 NE 8 AVE. #117 MIAMI, FL 33138	8951 NE 8 AVE. #117 MIAMI, FL 33138

2. Principal Place of Business	2a. Mailing Address
21	28
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
12/30/1986	March 1987
4. FEI Number	Applied For
59-2760248	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AUGUST, GUS 8951 NE 8 AVE. #117 MIAMI, FL 33138				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8951 NE 8 AVE. #117	1.2 NAME	
CITY-ST-ZIP	MIAMI, FL 33138	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	
STREET ADDRESS	8951 NE 8 AVE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	MIA, FL 33138	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	8951 NE 8 AVE	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIA, FL 33138	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS	8951 NE 8 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIA, FL 33138	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8951 NE 8 AVE	4.2 NAME	
CITY-ST-ZIP	MIA, FL 33138	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS	8951 NE 8 AVE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MIA, FL 33138	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	8951 NE 8 AVE	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIA, FL 33138	6.1 TITLE	
TITLE	NAME	6.2 NAME	
STREET ADDRESS	8951 NE 8 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIA, FL 33138	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(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 attachment with an address.

SIGNATURE: *[Signature]* Date: 10/17/97 Daytime Phone #: 305 756 7204

CR2E034 (9/96)