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FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 494520

(0)

1. Corporation Name

POWER ENGINEERING COMPANY

Principal Place of Business

1525 NW 167 ST
145
MIAMI FL 33169
US

Mailing Address

1525 NW 167 STREET
145
MIAMI FL 33169-5131
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/24/1976

3a. Date of Last Report

04/23/1996

4. FEI Number

59-1662343

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
SCOPETTA, JOHN R
4205 SALZEDO STREET
CORAL GABLES FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
SCOPETTA, JOHN N
4205 SALZEDO STREET
CORAL GABLES FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
SCOPETTA, GEORGE M
4205 SALZEDO STREET
CORAL GABLES FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST
FERNANDEZ, CARLOS E
4205 SALZEDO STREET
CORAL GABLES FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ASAT
MARTINEZ, MARLENE
4205 SALZEDO STREET
CORAL GABLES FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

VD
Scopetta, John R.
1525 N.W. 167 Street, Suite 145
Miami, FL 33169

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

PD
Scopetta, John N.
1525 N.W. 167 Street, Suite 145
Miami, FL 33169

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

VD
Scopetta, George M.
1525 N.W. 167 Street, Suite 145
Miami, FL 33169

☒ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

ST
Fernandez, Carlos L
1525 N.W. 167 Street, Suite 145
Miami, FL 33169

☒ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

ASAT
Martinez, Marlene
1525 N.W. 167 Street, Suite 145
Miami, FL 33169

☒ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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] John R. Scopetta 4/14/97

305-1207778

CR2E034 (9/96)