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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G32237

(1)

SUPER POWER, INC.

Principal Place of Business		Mailing Address		L LEAFAN AND 19419 11019 11888 11401 (ITATE BIANT DIRIS RIRES RESET SERIT SERI
525 N. OCEAN BLVD POMPANO BEACH FL		525 N. OCEAN BLVD POMPANO BEACH FL 33062-4640			
				 Date Incorporated or Qualified 04/07/1983 	3a. Date of Last Report 04/26/1996
2. Principal Pi	age of Business	2a. Mailing Address	1110 110 15	4. FEI Number	Applied For
21	II.		XIE HIGHWA	<u> </u>	Not Applicable
Suite, Apt	者,BIC	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 FT LAUDERDI		Trust Fund Contribution	Added to Fees
Zip	Country	29 33334 30	Country A	8. This corporation has liability for in	
24	25 Name and Address of Current		1 0.3.A	Florida Statutes 10. Name and Address of New Rec	Yes No
CAN	ITIAGO, MEJIA A.	t nograterou Agent	81 Name		
	N. OCEAN BLVD		1 1 -	UILLIAM TACKS fress (P.Q. Box Number is Not Acceptable	· -
	APANO BEACH FL		82 Street Add	OF A NUMBER IS NOT ACCEPTABLE	1GHWAY
			83		
			84 City FT	LAUDERDALE	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508, Florida Statutes,	the above-named cor	poration submits this statement for the pr	urpose of changing its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was aut	norizeo by the corpora	ation's board of directors. I hereby accep	t the appointment as registered
agen. in	in his my built differ election to the light	tilions or, section our boos, mont	เล อเลเบเซร.		<i>I</i> 1
SIGNATURE	William Je	chings W	LUAM J	Acksow	1/13/57
SIGNATURE	S grown typest or print: I name or regularly larger	thand title it applicable (NOTE: R	LUAM J egistered Agent signature requ	lred when reinstating)	DATE ERS AND DIRECTORS IN 12
	William Je	thand title it applicable (NOTE: R	LUAM J		DATE ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE	Sanda Specia por Trace or explorations OFFICENS AND	nt and lide if applyable (NOTE: R	egistered Agent signature raqui	lred when reinstating)	
SIGNATURE 12. TITLE	OFFICERS AND PD SANTIAGO, MEJIA A. 525 N. OCEAN BLVD	nt and lide if applyable (NOTE: R	egistered Agent signature required. 13. 1.1 TITLE	lred when reinstating)	
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6.3 STREFT ADDRESS 6.4 City-St-Zip

an address

SIGNATURE:

14. I do hereby certify that the information supinformation indicated on this annual report I am an officer or director of the corporatio appears in Block 12 or Block 13 if change

STREET ADDIRESS

CITY-ST-ZIP

SIGNATURE AND THE OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

this filing does not lemental annual repo receiver or truster.

JAN 6/97

chalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the is true and accurate and that my signature shall have the same legal effect as if made under oath; that impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(954)7817188

FILED

Jan 28 1997 8:00am

Secretary of State