FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Feb 13 1996 8:00 am
Secretary of State

DOCUMENT # **H61082** **(4)**

1. Corporation Name
MONTENAY POWER CORP.

Principal Place of Business
~~C/O GARY D. LIPSON~~
3225 AVIATION AVE., 4TH FLOOR
MIAMI FL 33133

Mailing Address
~~C/O GARY D. LIPSON~~
3225 AVIATION AVE., 4TH FLOOR
MIAMI FL 33133

3. Date Incorporated or Qualified: **06/07/1985**
3a. Date of Last Report: **02/28/1995**
4. FEI Number: **59-2540394** ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET, SUITE #2
TALLAHASSEE FL 32301

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ELLA, CLAUDIO		1.2 NAME	
STREET ADDRESS	3225 AVIATION AVE 4TH FL		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PORTUONDO, JUAN M.		2.2 NAME	
STREET ADDRESS	3225 AVIATION AVE 4TH FL		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PASSAGE, STEPHEN S		3.2 NAME	
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORTON, THOMAS A R		4.2 NAME	
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TOWNSEND, STEVE H		5.2 NAME	
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOZIAN, GERARD P		6.2 NAME	
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		6.4 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 119.07(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: Mozian GERARD P. MOZIAN 02/07/96 (305) 854-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)