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

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90005 048 ***150.00

1. Corporation	MENT # H61082 AY POWER CORP.					ELDIL GILLIZ BIRKLAN	
Principal Place	of Business	Mailing Address		_		PIBII UIAII BIBII UI	1 3 13 610 11 1001
					<u>'</u>		
3225 AVIATION AVENUE 4TH FLOOR 4TH FLOOR							
*****		MIAMI FL 33133			DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					06/07/1985	- , , , , , , , , , , , , , , , , , , ,	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		olied For	
21		[26]		59-2540394	\$8.75 A	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Red		
City & State		City & State		6 Florting Compaign Financing	\$5.00	-	
	•	28			6. Election Campaign Financing Trust Fund Contribution	Added to	
23) Zip	Country	Zip	Country		This corporation owes the current year In	_	
24	25	29 3			Personal Property Tax.		□No
	9. Name and Address of Current		, , , , , , , , , , , , , , , , , , ,		10. Name and Address of New Registered	d Agent	
NATIONAL CORPORATE RESEARCH, LTD. 1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301			81 82 83		Address (P.O. Box Number is Not Acceptable)	85 Zip C	Code
			84	City	FI		,oue
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named cor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporat 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)					ration's board of directors. Thereby accept the appr	,	Jisieree
12.	OFFICERS AND		13.			Change	Addition
TITLE	DST	☐ DELETE	1.1 TITLE		AS	□ Ghange	LAN Iddison
NAME	DE SAINT-QUENTIN, AXEL		1.2 NAME		Frederic M. Skopp		į
STREET ADDRESS	3225 AVIATION AVE 4TH FL		1.3 STREET ADDRESS		3225 Aviation Ave 4th FL		
CITY-ST-ZIP	MIAMI FL 33133	₹ DELETE	1.4 CITY-ST-ZIP		Miami FL 33133	Change	Addition
TITLE	DP	TE DECETE	2.1 TITLE		V		X
NAME	PORTUONDO, JUAN M.		2.2 NAME		Benjamin Gilbert	•	
STREET ADDRESS	3225 AVIATION AVE 4TH FL		2.3 STREET ADDRESS		3225 Aviation Ave 4th FL		
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2. 4 C/TY-S 3.1 TITLE	T-ZiP	Miami FL 33133	Change	Addition
TITLE	VD		3.1 ITLE 3.2 NAME			[] onlings	
NAME	PASSAGE, STEPHEN S		t .			•	
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition
TITLE	VD		4.1 IIILE 4. 2 NAME				
NAME	MORTON, THOMAS A R		4.2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR						
CITY-ST-ZIP	MIAMI FL V	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
TITLE	•	<u> </u>	5.2 NAME				_
NAME	TOWNSEND, STEVE H		5.3 STREET ADORESS				į,
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR		5.4 CITY-ST-ZIP				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	5.4 CRY-S1-ZIP			☐ Change	Addition
TITLE			6.2 NAME				
NAME				T ADORESS			j
STREET ADDRESS			6.4 CITY-S				
CITY-ST-ZIP			0.4 CH 1-3	1~ZIF			

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR