FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # K62145

(3)

Corporation Name

IAL POWER SUPPLY, INC.

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Principal Place of	Business
950 SE 12 ST	7

HIALEAH FL 33010

Mailing Address

950 SE 12 ST HIALEAH FL 33010

Principal Place of Busine	ess	2a	. Mailing Address				4. FEI Number			Applied For	pplicable itional red yy Be ees 032,	
		26					65-01324	96			Not Applicable)
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		5. Certificate of Statu	ıs Desired		\$8.75 Additional Fee Required				
City & State		28	City & State		. *	_	S5.00 May Be Added to Fees					
Zip	Country	1.1	Zip	Cou	ntry		8. This corporation h	as liability for	intangible ta	unde	rs 199.032,	
	25	29		30			Florida Statutes	☐ Yes	□ No			
o Name	and Address of Curr	ent Regis	stered Agent				10. Name and Addre	ss of New F	legistered A	gent		
-					81	Name						
FINAZZO, NICOLAS 950 SE 12TH STREET						82 Street Address (P.O. Box Number is Not Acceptable)						
HIALEAH FL 33010				ļ	83							
					84	City			FL	85	Zip Code	
	Suite, Apt. #, etc. City & State Zip 9. Name FINAZZO, NICOL 950 SE 12TH ST	City & State Zip Country 25 9. Name and Address of Curr FINAZZO, NICOLAS 950 SE 12TH STREET	Suite, Apt. #, etc. City & State Zip Country 29 9. Name and Address of Current Registry FINAZZO, NICOLAS 950 SE 12TH STREET	26	26	26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27	26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27	Principal Place of Business 2a. Mailing Address 2a. Mailing	Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country 29 Country 29 Name and Address of Current Registered Agent FINAZZO, NICOLAS 950 SE 12TH STREET HIALEAH FL 33010 Suite, Apt. #, etc. City & State Country Age Country B. This corporation has liability for Florida Statutes Florida Statutes Yes Street Address (P.O. Box Number is Not Acceptate) 82 Street Address (P.O. Box Number is Not Acceptate) 83	Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Qip Qip Qip Qip Qip Qip Qip	Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. 5. Certificate of Status Desired Fi. City & State City & State City & State Country 25 29 30 Country 30 PINAZZO, NICOLAS 950 SE 12TH STREET HIALEAH FL 33010 PART STREET HIALEAH FL 33010 Address 4. FEI Number 65-0132496 5. Certificate of Status Desired Fi. Election Campaign Financing Trust Fund Contribution Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country 25 29 Not Applied For Not Applicable 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 9. Name and Address of Current Registered Agent FINAZZO, NICOLAS 950 SE 12TH STREET HIALEAH FL 33010 Ref. City Ref.

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.

	n, and accept the buildations of, because our	10000 1101100 0101010		
SIGNATURE .	Signature, typed or printed name of registered agent and title	1 applicable. (NOTE	Registered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP BATCHELOR, GEORGE E. 950 S.E. 12TH STREET HIALEAH FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-7ip	V WAIKEL, RAYMOND Change V Addition 950 SE 12 ST. HIALEAH, FL. 33010
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DS BATCHELOR, ANNE O. 950 S.E. 12TH STREET HIALEAH FL	☐ DELETE		P FERRARSI, DANIEL Change DAddition 950 SE 12 ST. HIALDAH, FL. 33010
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAWSON, HUMPHREY 950 S.E. 12TH STREET HIALEAH FL	☐ DELETE	2.4.7(7).5	D BATUTELOW, MARIANNE 950 SE 12. ST. Hiauah, Fl. 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MESECHER, BOYD D. 950 S.E. 12TH STREET HIALEAH FL	DELETÉ	4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIGGINS, JOHN J. 950 S.E. 12TH STREET HIALEAH FL	☐ DELETÉ	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	P POTTER DOUGLAS 950-8E 12TH ST	DELETE	6 1 TITLE 6.2 NAME 6.3 STREET ADDRESS	Change Addition

6.4 CITY-S1-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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-98 305 887-4500 Destrue Prone #

CR2E034 (12/95)