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95 MAY -1 AM 8:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L37489 (6)

**1. Corporation Name
POWER MEDIC, INC.**

**Principal Place of Business Mailing Address
20241 NE 16 PLACE 20241 NE 16 PLACE
MIAMI FL 33179 MIAMI FL 33179
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/18/1989 3a. Date of Last Report 03/10/1994

4. FEI Number 65-0195424 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 County 28 Zip 29 County 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARAK, ALEX T.
4601 SHERIDAN ST.
STE. 206
HOLLYWOOD FL 33021**

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PVP
NAME JAKUBOW, NARIK
STREET ADDRESS BERGASSE 20/8A
CITY-ST-ZIP VIENNA 1090, AUSTRIA**
**TITLE ST
NAME JAKUBOW, RAFAEL
STREET ADDRESS 210-174TH ST. #2012
CITY-ST-ZIP N MIAMI BEACH FL**

1. 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
2. 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
3. 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
4. 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
5. 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
6. 1 TITLE 62 NAME 63 STREET ADDRESS 64 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, as applicable, or on an attachment with an address.

SIGNATURE: X [Signature] RAFAEL JAKUBOW X 4/27/95 X 305-652-5364