FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L50852

(7)

JOB POWER, INC.

Principal Place of Basiness

Mailing Address

1496 C DAVOLINDE DONE

FILED May 12 1997 8:00am Secretary of State

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MIAMI FL 33133		MIAMI FL 33133-4213				
				3. Date Incorporated or Qualified 02/02/1990	3a. Date of Last Report 03/20/1996	
2. Principal P	lace of Business 4 CORAL Way	2a. Mailing Address 26 2414 Co	RAI Way	4. FEI Number 65-0178159	Applied For Not Applicable	
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Orty & State 23 U\ Q		City & State	FI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
^{2π} 24 3314	[Country	Zip 29 33/45	Country 30 OAOE	8. This corporation has liability for i	ntangible tax under s. 199.032,	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
RAPOPORT, ALLEN J. 250 BIRD ROAD SUITE 302 CORAL GABLES FL 33146 81 Name Hague May Jane 82 Street Address (P.S. pox Number is Not Acceptable) 22-11-4 Coval Way 83						
			84 City	iami	FL 85 Zio Code 5	
11. Purscant i	to the provisions of Sections 607.0502	and 607 1508, Florida Statu	tes, the above-named cor	poration submits this statement for the p		
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 Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligators of, Section 607.0505, Florida Statutes.						
SIGNATURE Squares 19 to complicity and a complete square of the distribution applicable (NOTE Registered Agent signature required when reinstance) DATE						
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
3011	D	☐ DELETE	1.1 TITLE		ERS AND DIRECTORS IN 12 Change Addition	
NAME	HAGUE, MARY, JANE		1.2 NAME		2	
STREET ADORESS	1635 S. BAYSHORE DR. MIAMI FL		1.3 STREET ADDRESS		اتّ	
CHY-ST-7.II	D mrani re	DELETE	1.4 CITY-ST-ZIP		Change Addition	
NAME	CARRUTHERS, RUTH	(T) ordere	2.1 TITLE 2.2 NAME		Change C Addition C	
STREET ADDRESS	7120 MIRA FLORES AVE		2.3 STREET ADDRESS			
CHY-\$1-2#P	CORAL GABLES FL		2. 4 CITY - ST - ZIP		(
1016		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY \$1 Zir		C Dresse	3.4. CITY-ST-ZIP			
1 IUF		☐ DELETE	4.1 TITLE		Change Addition	
NAMI STREET ANDRESS			4.2 NAME 4.3 STREET ADDRESS		<u> </u>	
			4.3 STREET ADDRESS			
C:fr · S* · 7iP Titl€		DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
054-31-76			5.4 CITY-ST-ZIP			
10,1		DELETE	61 TITLE		Change Addition	
hAV:			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		e.	
Git + ST- ZIP			64 City-St-ZiP			

14. Ldo bereby certily 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 and cated 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 on 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 it changed, or on in attachment with an address.

SIGNATURE:

LI CHARACTO R PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

25_97
Deyding Phone #

0177703