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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 09 1997 8:00am Secretary of State

## 1997 DOCUMENT # L 83959 HIGH POWER ENTERTAINMENT INC. Mailing Address Principal Place of Business 736 N.W. 22nd Avenue Miami, Fl. 33125 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/90 4. FEI Number 65-0205470 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution П Added to Fees 23 Country Zιρ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes No 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Cruz, Luz Stella 82 Street Address (P.O. Box Number is Not Acceptable) 736 N.W. 22nd Avenue Miami, F1. 33125 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 Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent if am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE agrant or approve process near a registered agent and two it applicable (NOTE Registered Agon: signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE 11 TITLE ☐ Change Addition THE P/S/T Cruz Stella 1.2 NAME MAME 31563 Castaic Rd. Ste 102 CRZE034 1.3 STREET ADDRESS STREET ABORESS Castaic, California 91384 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE Title 2 2 NAME NASE 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP DELETE 31 THILE Change \_\_\_ Addition 111 F 3.2 NAME HAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP DELETE Change Addition 5 1 TITLE 1.01 5.2 NAME STRUM ALDRESS 5.3 STREET ADDRESS 5 4 CITY-\$1-ZIP DELETE Change Addition WH6 1 TITLE 200002186022 -05/21/97--01007--049 \*\*\*165.00 62 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP

14. Fig. 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 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 Brick 12 or Block 13 it changed, or 0 an attachment with an address.

SIGNATURE: >

SIGNATURE AND TYPE DO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

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