File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -4 PM 12: 26 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # L97000000516 1a. Principal Place of Business Address POWER TECH (USA) LLC 1591 E. ATLANTIC BLVD., STE. 200 1591 E. ATLANTIC BLVD., STE. POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3s. State of Formation 05/09/1997 4. FEI Number FT. Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 58.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office INTERNATIONAL COMPANY SERVICES (USA Street Address (P.O. Box Number is Not Acceptable) 1591 E. ATLANTIC BLVD., STE. 200 POMPANO BEACH FL 33060 Sulte, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purp its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM WINDER, PAUL TRUSTEE PRIVATE INVESTMENT TRUST, BRITISH ISLES IMA 2A MGRM MURPHY, EILISH POWER TECH EUROPE LIMITED, DUBLIN 2, IRELAND 800002516118--5 -05/07/98--01115--021 *****377.50 *****188.75

11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

PLU OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGIR