FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 3:58

DOCUMENT # **M27851** **(8)**

1. Corporation Name
ROCK POWER CORPORATION

Principal Place of Business	Mailing Address
9750 S.W. 45TH STREET MIAMI FL 33165	9750 S.W. 45TH STREET MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/25/1986**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2677975** ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DELGADO, ROBERTO
9750 S.W. 45TH STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 required only for addition of registered agent and/or registered office)

(NOTE: Registered Agent signature required on reinstatement)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	11 TITLE		☐ Change ☐ Addition
NAME	DELGADO, CARMEN	12 NAME		
STREET ADDRESS	9750 S.W. 45TH ST.	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33165	14 CITY ST ZIP		
TITLE	PSD	21 TITLE		☐ Change ☐ Addition
NAME	MIRABENT, MARIA C.	22 NAME		
STREET ADDRESS	14031 KENDALE LAKES BLVD.	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33183	24 CITY ST ZIP		
TITLE	VPD	31 TITLE	VTD	☒ Change ☐ Addition
NAME	DELGADO, ROBERTO JR.	32 NAME	Carmen Delgado	
STREET ADDRESS	9750 SW 45TH ST.	33 STREET ADDRESS	9750 SW 45 St.	
CITY ST ZIP	MIAMI FL 33165	34 CITY ST ZIP	Miami, FL 33165	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	MIRABENT, MARIA	42 NAME		
STREET ADDRESS	14031 KENDALL LAKES BLVD.	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33183	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria Mirabent Maria C. Mirabent 3-22-95 551-1478
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0177104 CR