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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M46686**

(5)

1. Corporation Name

POWER PROPELLER COMPANY

Principal Place of Business

**2611 NW 21ST TERR.
MIAMI FL 33142**

Mailing Address

**2611 NW 21ST TERR.
MIAMI FL 33142**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

**PEREZ, JESUS E.
2601 N.W. 21ST TERR.
MIAMI FL 33142**

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 607.0600 and 607.0700, 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, Sections 607.0600, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **P PEREZ, JESUS E**
STREET ADDRESS **2601 N.W. 21ST TERR.**
CITY-STATE-ZIP **MIAMI FL**

2. TITLE ☐ DELETE
NAME **ST PEREZ, SUSANNA R**
STREET ADDRESS **2601 NW 21ST TERR**
CITY-STATE-ZIP **MIAMI FL**

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susanna R. Perez **SUSANNA R. Perez** 3/9/96

633-5100

CR2E034 (12/95)