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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300000322 (6)

POWFR DESIGN ENGINEERING, INC.

Principal Place of Business		Mailing Address		1001)001 FLO 10164 11111 EDITL OBITA OBITA	- NDINI PONI OSTOR ATNO 11	THE STATE OF THE	
251 SW 15 AVENUE BOCA RATON FL 33486		251 SW 15 AVENUE BOCA RATON FL 33486-446	251 SW 15 AVENUE BOCA RATON FL 33486-4461				
					3. Date Incorporated or Qualified 12/28/1992	3a. Date of Last 07/08/1996	
L	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	- Land		65-0379550		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	Fee !	Additional Required
City & Star	te	City & State			6. Election Campaign Financing		May Be
<b>23</b> Zip	Country	<b>28</b>	Country	,	Trust Fund Contribution  8. This corporation has liability for i		
24	25		30			Yes No	B. 188.032,
<del>-</del>	9, Name and Address of Current Registered Agent			····	10. Name and Address of New Registered Agent		
	ONSO, ANGEL		81	Name			
	I SW 15TH AVENUE CA RATON FL 33486		82	Street Addi	ress (P.O. Box Number is Not Acceptab	le)	
			83				1
			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							its registered is registered
agent La	am familiar with, and accept the obli	igations of, Section 607.0505, Flori	ida Statutes	<b>3</b> .			
SIGNATURE	Signature, typed or printed name of registered a	agent and title Tapplicable (NOTE:	Registered Age	ni signature regul	red when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TOLE	PSTD					Change	Addition
NAME	ALONSO, ANGEL 251 SW 15TH AVENUE		1,2 NAME				
STREET ADDRESS	1 "		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY - S 2.1 TITLE	1 - ZIP		Change	Addition
NAME			2.2 NAME	1		Land Orlange	ricomon
STREET ADDRESS			2.3 STREET ADDRESS				
CITY - ST - ZIP			2 4 CITY-ST-ZIP			•	
TITLE	☐ DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS	•		
CITY - ST - 7IP			3.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		,	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET		·		
CITY-ST-ZIP TITLE	DELETE		4.4 CITY - S 5.1 TITLE			Change	Addition
NAME			5.2 NAME	}			
STREET ADDRESS			53 STREET	ADDRESS			
CITY - S1 - ZIP			5.4 CITY+S				
TITLE		DELETE	61 TITLE			Change	Addition
NI SAIF	1		CONALAC	- 1			

14. I do hereby certify that the information supplied with this filling 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 attrichment with an address.

6.4 CITY - ST - ZiP

6.3 STREET ADDRESS

**SIGNATURE** 

STREET ADDRESS CHTV+ST-ZIP

MATCHE AND TYPED DE BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97 (561)368-1568

**FILED** 

Feb 11 1997 8:00am

Secretary of State