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 JAN 24 AM 9:49

DOCUMENT # P93000003232 (4)

1. Corporation Name
POWERTECH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4400 W HILLSBORO #2 COCONUT CREEK FL 33073 US	4400 W HILLSBORO #2 COCONUT CREEK FL 33073 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business	2a. Mailing Address
21 16221 State Road 7	26 16221 State Road 7
Suite, Apt. #, etc. 22 # 101	Suite, Apt. #, etc. 27 # 101
City & State 23 Delray Beach Fl 33446	City & State 28 Delray Beach Fl 33446
Zip 24 33446 Country 25 US	Zip 29 33446 Country 30 US

4. FEI Number: 65-0384083 ☐ 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

TURCOTTE, MARIO
9776 MAGESTIC WAY
BOYNTON BCH FL 33437

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TURCOTTE, MARIO	1.2 NAME	
STREET ADDRESS	9776 MAGESTIC WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ROY, DANIEL	2.2 NAME	
STREET ADDRESS	1037 DES ECOUMAINS	2.3 STREET ADDRESS	
CITY-ST-ZIP	LACHENAIE, CANADA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAMPAGNE, SYLVAIN	3.2 NAME	
STREET ADDRESS	669 RUE LOUIS HERBERT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASCOUCHE, CANADA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ 1/17/96 407-637-9860
Mario Turcotte
NAME AND TITLE OF INDIVIDUAL SIGNING (BLOCK LETTERS) — OFFICER OR DIRECTOR — Daytime Phone #

01T16318 CP