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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000072776 (6)

1. Corporation Name

CRYSTAL POWER, INC.



Principal Place of Business

**3553 NW 78TH AVE
MIAMI FL 33122-113
US**

Mailing Address

**3553 NW 78TH AVE
MIAMI FL 33122-1134
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MELENDEZ, SERGIO L
901 PONCE DE LEON BLVD
SUITE 304
CORAL GABLES FL 33134**

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 607.0557 and 607.1556, 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 607.0556, Florida Statutes.

SIGNATURE

Print or Type Name of Signer (Do Not Print Name of Corporation)

Print or Type Address of Signer (Do Not Print Name of Corporation)

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

BAEZA, JAVIER M

STREET ADDRESS

3553 NW 78TH AVENUE

CITY, ST, ZIP

MIAMI FL

TITLE

V

☐ DELETE

NAME

REYES GOMEZ, EDDY A

STREET ADDRESS

EDUARDO VICISO #8 APT 7C

CITY, ST, ZIP

SANTO DOMINGO, DOM. REP.

TITLE

S

☐ DELETE

NAME

BAEZA, JOSE M

STREET ADDRESS

SALAMANCA NO 10-1

CITY, ST, ZIP

GUAYNABO, PUERTO RICO

TITLE

T

☐ DELETE

NAME

CRUZ, TANIA L

STREET ADDRESS

6016 SW 15 ST

CITY, ST, ZIP

MIAMI FL 33144

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAVIER M. BAEZA

04/16/96

(305) 592-7100

CR2E034 (12/95)