


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

**FILED**  
**Apr 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000004049 (0)**  
 1. Corporation Name  
**POWERGENICS USA, INC.**



Principal Place of Business <b>8603 SOUTH DIXIE HWY. SUITE 212 MIAMI FL 33143</b>	Mailing Address <b>8603 SOUTH DIXIE HWY. SUITE 212 MIAMI FL 33143</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8306 Mills Dr</b> Suite, Apt. #, etc. 22 <b>678</b> City & State 23 <b>Miami FL</b> Zip 24 <b>33183</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>8306 Mills Dr</b> Suite, Apt. #, etc. 27 <b>678</b> City & State 28 <b>Miami FL</b> Zip 29 <b>33183</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>01/18/1994</b>	4. FEI Number <b>65-0473308</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Additional Fee Required <b>\$8.75</b>		7. Additional Fee Required <b>\$5.00</b> May Be Added to Fees			

9. Name and Address of Current Registered Agent <b>RODRIGUEZ, FABIAN V 14872 SW 96TH TERR. MIAMI FL 33196</b>				10. Name and Address of New Registered Agent	
81 Name <b>Fabian V. Rodriguez</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>8306 Mills Dr, Suite 678</b>		83	
84 City <b>Miami</b>		85 Zip Code <b>FL 33183</b>			

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Fabian V. Rodriguez, President** **1/19/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPST</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DPST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RODRIGUEZ, FABIAN V</b>		1.2 NAME <b>Fabian V. Rodriguez</b>	
STREET ADDRESS <b>14872 SW 96TH TERRACE</b>		1.3 STREET ADDRESS <b>8306 Mills Dr, Suite 678</b>	
CITY-ST-ZIP <b>MIAMI FL 33196</b>		1.4 CITY-ST-ZIP <b>MIAMI FL 33183</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *[Signature]* **Fabian V. Rodriguez** **1/19/98** **305-448-3323**

CR2E034 (10/97)