
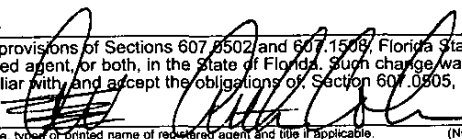


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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90129 008 ***150.00

| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # P94000049382 | | | |
| 1. Corporation Name POWERLUME, INC. | | | |
| Principal Place of Business 633 N. KROME AVE HOMESTEAD FL 33030 | | Mailing Address 633 N. KROME AVE HOMESTEAD FL 33030 | |
| 2. Principal Place of Business 21 705 E. 10th AVE Suite, Apt. #, etc. 22 City & State 23 HIALEAH Zip 24 33010 Country 25 USA | | 2a. Mailing Address 26 705 E. 10th AVE. Suite, Apt. #, etc. 27 City & State 28 HIALEAH Zip 29 33010 Country 30 USA | |
| 9. Name and Address of Current Registered Agent HOCKMAN, PETER M ESQ 633 N KROME AVE HOMESTEAD FL 33030 | | | |
| | | 81 Name AR 82 Street Address 705 83 84 City HIA | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida, such change was authorized by the corporate agent. I am familiar with and accept the obligations of Section 607.0805, Florida Statutes. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required) | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE D COHEN, ARTHUR 10100 SW 57th CT 705 E. 10th AVE. MIAMI FL 33156 HIALEAH, FL 33010 <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE | |
| 13. | | | |
| | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

305-888-4000

CR2E034.(1.1/98)