

***SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT 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 JUN 20 AM 10: 01

DOCUMENT # P94000076358 (8)

1. Corporation Name
MGR LOGISTICS CORPORATION

Principal Place of Business Mailing Address
5790 SOUTHWEST 47 STREET MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1994
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **6800 SW 40TH ST**
22 City & State 27 **SUITE 162**
23 City & State 28 **MIAMI, FLA**
24 Zip 25 Country 29 **33155-3708** 30 Country

4. FEI Number **65-0533046** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions \$5.00 May Be Added to Fees
7. This corporation has liability for alternate tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name **RENATO B OREZZOLI**
82 Street Address (P.O. Box Number is Not Acceptable) **5790 SW 47TH STREET**
83 City **MIAMI**
84 City **MIAMI**
85 Zip Code **FL 33155**

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 **RENATO B OREZZOLI** DATE **JUNE-14-1995**

12. OFFICERS AND DIRECTORS
TITLE **P**
NAME **OREZZOLI, RENATO B**
STREET ADDRESS **5790 SOUTHWEST 47 STREET**
CITY ST ZIP **MIAMI FL 33155**

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **RENATO B OREZZOLI** DATE **JUNE-14-95** **305 669-8167**

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PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000076583 (1)

1. Corporation Name

POWER TEMPS, CORPORATION

Principal Place of Business

5381 W 20TH AVE
HIALEAH FL 33012

Mailing Address

5381 W 20TH AVE
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 5391 W 20TH AVE

2a. Mailing Address

26 5391 W 20TH AVE

4. FEI Number

65-0525518

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

HIALEAH, FL

28 City & State

HIALEAH, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

33012

25 Country

DADE

29 Zip

33012

30 Country

DADE

8. This corporation has liability for intangible tax under s. 199 (FR)?
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SARDINAS, ALEXANDER
5381 W 20TH AVE
HIALEAH FL 33012

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMPS, DANIEL
STREET ADDRESS 1255 W OKEECHOBEE RD #27
CITY - ST - ZIP HIALEAH FL 33010

TITLE VD
NAME SARDINAS, ALEXANDER
STREET ADDRESS 2517 W 70 PLACE
CITY - ST - ZIP HIALEAH FL 33018

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

Daniel Camps DANIEL CAMPS

6-15-95 (602)556-0533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (Telephone)

CR2E034 (3/95)