

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

**FILED**  
**Mar 20 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P95000006092 (7)**

1. Corporation Name:  
**POWERFUL EXPORT CORP.**



Principal Place of Business:  
**7747 SUGAR BEND DRIVE  
 ORLANDO FL 32819**

Mailing Address:  
**7747 SUGAR BEND DRIVE  
 ORLANDO FL 32819-7261**

3. Date Incorporated or Qualified <b>01/20/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3292961</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <b>7061 GRAND NATIONAL DR.</b> Suite, Apt. #, etc. 22. <b>107G</b> City & State 23. <b>ORLANDO FL</b> Zip 24. <b>32819</b>	2a. Mailing Address 26. <b>7061 GRAND NATIONAL DR.</b> Suite, Apt. #, etc. 27. <b>107G</b> City & State 28. <b>ORLANDO FL.</b> Zip 29. <b>32819</b>	Country 25. <b>ORANGE</b> 30. <b>ORANGE</b>
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9. Name and Address of Current Registered Agent <b>BIANCO, MILTON 7752 HIGH PINE ROAD ORLANDO FL 32822</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BIANCO, MILTON</b>		1.2 NAME	
STREET ADDRESS <b>7752 HIGH PINE ROAD</b>		1.3 STREET ADDRESS <b>7747 WINDBREAK RD.</b>	
CITY-ST-ZIP <b>ORLANDO FL 32822</b>		1.4 CITY-ST-ZIP <b>ORLANDO FL. 32819</b>	
TITLE <b>VPTD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BIANCO, SILVIA VALERIA</b>		2.2 NAME	
STREET ADDRESS <b>7752 HIGH PINE ROAD</b>		2.3 STREET ADDRESS <b>7747 WINDBREAK RD.</b>	
CITY-ST-ZIP <b>ORLANDO FL 32822</b>		2.4 CITY-ST-ZIP <b>ORLANDO FL. 32819</b>	
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 do 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 contained 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: \_\_\_\_\_ **3-10-97** (407) 354-9800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)