

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000044761 (1)**

1. Corporation Name

POWERMOTIVE ENGINEERING INC.



Principal Place of Business

**1755 N.E. 174TH STREET
N MIAMI BEACH FL 33162**

Mailing Address

**1755 N.E. 174TH STREET
N MIAMI BEACH FL 33162-1541**

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 **2111 NW 105 TERRACE**

26 **2111 NW 105 TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0586750

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

City & State

23 **PEMBROKE PINES, FL.**

28 **PEMBROKE PINES FL.**

Zip

Country

Zip

Country

24 **33026**

25 **U.S.A.**

29 **33026**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, LENIN
1755 N.E. 174TH STREET
N MIAMI BEACH FL 33162**

81 Name

HERNANDEZ, LENIN

82 Street Address (P.O. Box Number is Not Acceptable)

2111 NW 105 TERRACE

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33026

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 to be in, 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

LENIN R. HERNANDEZ

4-28-97

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 ☐ DELETE

PD
NAME: **HERNANDEZ, LENIN**
STREET ADDRESS: **1755 N.E. 174TH STREET**
CITY- ST- ZIP: **N MIAMI BEACH FL 33162**

1.1 TITLE ☒ Change ☐ Addition

PD
1.2 NAME: **HERNANDEZ, HECTOR**
1.3 STREET ADDRESS: **2111 NW 105 TERRACE**
1.4 CITY- ST- ZIP: **PEMBROKE, PINES FL 33026**

TITLE ☐ DELETE

PD
NAME: **HERNANDEZ, HECTOR**
STREET ADDRESS: **1755 N.E. 174TH STREET**
CITY- ST- ZIP: **N MIAMI BEACH FL 33162**

2.1 TITLE ☒ Change ☐ Addition

PD
2.2 NAME: **HERNANDEZ, LENIN**
2.3 STREET ADDRESS: **2111 NW 105 TERRACE**
2.4 CITY- ST- ZIP: **PEMBROKE, PINES FL 33026**

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY- ST- ZIP:

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY- ST- ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY- ST- ZIP:

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY- ST- ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY- ST- ZIP:

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY- ST- ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
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 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:

LENIN R. HERNANDEZ

4-28-97

(954) 441-0668

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)