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

**PROFIT** CORPORATION ANNUAL REPORT

1999

POWERMAX SYSTEMS, INC

1. Corporation Name



DOCUMENT # P95000057273

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90037 031 \*\*\*158.75

	•								
Principal Place of Business Mailing Address						1 10011041 117 10111 01111 00111 00		#1111 19818 11811	12502
C/O PANTROPIC POWER PRODU	стѕ с	C/O PANTROPIC POWER PRODUCTS							
8255 N.W. 58TH ST. 8255 N.W. 58TH ST.						DO NOT WRITE IN THIS SPACE			
MIAMI FL 33152 MIAMI FL 33152						Date Incorporated or Qualifed	<u> </u>		
	- world					07/18/1995			
2. Principal Place of Business	. 2:	a. Mailing Address				4. FEI Number		I An	plied For
			YSTEMS, INC			65-0722941		<u> </u>	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.						\$8.75 A		
22 8440 NW 58TH S	TREET 27	n 0737 NEL 4100 CODERS :			Т #284	5. Certifcate of Status Desired		Fee Re	
City & State	TREET.	City & State				6. Election Campaign Financing		\$5.00	May Be
MIAMI, FL	28	MIAMI, FL			سمين دېږد ي	Trust Fund Contribution		Added t	
	Country	Zip Country				8. This corporation owes the current year Intangible			
24 33166 25	29	] 33178	30			Personal Property Tax.		☐ Yes	□No
	Address of Current Regi	stered Agent				10. Name and Address of New R	egistered /	Agent	
				81	Name				
MCLUSKEY, JOHN W ESQ					Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD					••••				
STE. 2500				83					
MIAMI FL 33131-18	02		-	84	City			85 Zip (	Code
			ļ	۱ 🗬	City		FL	,	
	ted name of registered agent and title OFFICERS AND DIR		Registered /	Agent s	ignature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	RS IN 12
TITLE D	OFFICERS AND DIK	DELETE	1.1 TIT	F		TIDDITION OF THE TIDE	102/10/41	Change	Addition
NAME BOTAS, LUIS		<b>3</b>	1.2 NA						
STREET ADDRESS 8255 N.W. 58					DDRESS				
MANUEL OO			1.4 CIT						
TITLE MIAMI PL 331	<u>J2</u>	☐ DELETE	2.1 TITI		<u> </u>	***************************************		Change	Addition
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STREET ADDRESS					DORESS	·			
CITY-ST-ZIP			2.4 CIT		1				•
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NAME			3.2 NA	ME					
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CITY-ST-ZIP			3.4. CIT	ry-st-	ZIP				
TITLE .		☐ DELETE	4.1 TITI	LE			•	☐ Change	☐ Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 STF	REETA	ODRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	5.1 TIT	LE				Change	Addition
NAME			5.2 NA	ME		•			
STREET ADDRESS			5.3 STI	REETA	DDRESS				
CITY-ST-ZIP			5.4 CIT		ZIP				
TITLE		☐ DELETE	6.1 TIT					☐ Change	☐ Addition
NAME			6.2 NA						
ethert Apphree			6.3 ST	REET A	ODRESS				!

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 of 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 of 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, of an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP