

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

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000092463 (5)**  
1. Corporation Name  
**SPACE ENERGY TIME SAVINGS (S.E.T.S) SYSTEMS, INC**



Principal Place of Business <b>6900 N.W. 72 AVENUE MIAMI FL 33166</b>	Mailing Address <b>6900 N.W. 72 AVENUE MIAMI FL 33166-3036</b>
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3. Date Incorporated or Qualified <b>12/04/1995</b>	3a. Date of Last Report <b>10/30/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number <b>65-0623872</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	

9. Name and Address of Current Registered Agent <b>SACCHETTI, ELIZABETH C 9712 S.W. 1ST STREET MIAMI FL 33174</b>	
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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: Sacchetti Elizabeth C / Elizabeth Sacchetti  
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signs are required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V CABRERA, CARLOS A</b>
STREET ADDRESS	<b>45 WEST 44 STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>President / C.E.O.</b>
1.3 STREET ADDRESS	<b>CARLOS Cabrera</b>
1.4 CITY-ST-ZIP	<b>45 WEST 44 STREET MIAMI, FL 33012</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>V. Pres.</b>
2.3 STREET ADDRESS	<b>MARIO S. Rappaccioli</b>
2.4 CITY-ST-ZIP	<b>6900 N.W. 72 Ave MIAMI</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>V. Pres.</b>
3.3 STREET ADDRESS	<b>Ana Maria Rappaccioli</b>
3.4 CITY-ST-ZIP	<b>6900 N.W. 72 Ave. MIAMI FL 33166</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Rosa Cabrera / Treasurer</b>
4.3 STREET ADDRESS	<b>45 W 44 ST</b>
4.4 CITY-ST-ZIP	<b>Hialeah FL, 33012</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sacchetti Elizabeth C **REQUIRED** 3/15/97 305-8639420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)