SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000096463 (1) **DOCUMENT #** STREET POWER TRADING, INC. Principal Place of Business Mailing Address 25 S.E. 2ND AVENUE 25 S.E. 2ND AVENUE **SUITE 1235** SUITE 1235 3a. Date of Last Report MIAMI FL 33131 3. Date Incorporated or Qualified MIAMI FL 33131 12/21/1995 Mailing Address NW 56 th Court 4. FEI Number Applied For 65-0647812 Not Applicable \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 22 \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Florida Statules Yes No. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent SANTOS, MAURO C Street Address (P.O. Box Number is Not Acceptable) 25 S.E. SECOND AVE. **SUITE 1235 B3 MIAMI FL 33131** 85 Zip Code 84 City 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Ringistered Agent signature required when reinstainig) Signature, typed or primed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Change Addition (96/8)OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 TITLE 291 NW 56 Th COURT MIAMI, FL. 33126 TITLE **CR2E034** 1.2 NAME SIMONS, JOSE P NAME 13 STREET ADDRESS RUA TOBIA STEFANELLI 86 VILA ANTONIETA --STREET ADDRESS 1.4 CITY - \$1 - ZIP CEP 03477-040 BRAZIL Change X Addition CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 31 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHT - ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP I do hereby certify that the information supplied with this filing is voluntarily turn shed 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address 6.27.96 DANKETHIN.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR