

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000003130 (7)

1. Corporation Name

TURBINE POWER ACCESSORIES, INC.

FILED

97 NOV -6 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

10865 S.W. 40TH TERRACE
MIAMI FL 33165

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MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/10/1996

4. FEI Number

Applied For

65-0650292

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 7800A N.W. 62 St.
Suite, Apt. #, etc.

26 P.O. Box 592846
Suite, Apt. #, etc.

22 City & State
Miami, FL

27 Miami Int'l Airport
City & State

23 Zip
33166

Country
US

28 Zip
33159-2846

Country
U.S.

9. Name and Address of Current Registered Agent

AMICO, SILVIO
6401 S.W. 87TH AVE.
SUITE 114
MIAMI FL 33173

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD COLON, IVAN
19740 N.W. 54TH PLACE
MIAMI FL 33055

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD ZAMORA, HUMBERTO
10865 S.W. 40TH TERRACE
MIAMI FL 33165

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

65000023450726-4
-11/12/97--01091--022
***165.00 ***165.00

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

[Signature]

CR2E034 (4/97)

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TURBINE  POWER
ACCESSORIES, INC.
F.A.A. APPROVED REPAIR STATION No. T5PR330N

Division of corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sir / Madam,

Attached to this letter you will find a check in the amount of \$165.00 as indicated by on a telephone conversation with one of your officers on 8/08/97.

We have not included the late fee of \$385.00 since we never received the first notice.

Please notice that our physical and mailing address is different from what you have on your files.

Best Regards,

