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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047723 (7)

21ST CENTURY POWER SOURCES, INC.

Principal Place of Business

Mailing Address

FILED May 05 1998 8:00am Secretary of State



9380 SOUTHWEST 104 STREET MIAMI FL 33176			9380 SOUTHWEST 104 STREET MIAMI FL 33176				DO NOT WRITE IN THIS S	SPACE			
							3. Date Incorporated or Qualified			•	
9 Principal C	lines of Disciness	I San Adamirio A	414				06/05/1996				
	lace of Business	— <u> </u>	28. Mailing Address				4. FEI Number	-	\rightarrow	plied For	
21	W -1-	26		<u> </u>			65-0678726		\rightarrow	t Applicable	
Sulte, Apt.		27					5. Certificate of Status Desired			Additional equired	
City & Stat	e	City & Sta	ite				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Žip 24	Country 25	Zip 29					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Currer	t Registered Age	nt				10. Name and Address of New Registered	Agent			
ΔL	MERILAWYER CHARTERED			1	B1	Name					
343 ALMERIA AVENUE					B2	04	/DO D N				
	DRAL GABLES FL 33134					Street Add	dress (P.O. Box Number is Not Acceptable)			<u>.</u> .	
					В3						
				i	B4	·	FL	85	•	Code	
	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	2 and 607,1508, F of Florida Such c ations of, Section 6	orida Stat u nange was 07.0505, F	ites, the abo authorized forida Statu	ove by tes	e-named cor the corpora s.	poration submits this statement for the purpose of ation's board of directors. I hereby accept the appearance of the purpose o	chang ointme	ing it	s registered registered	
SIGNATURE	Signature, typod or printed name of registered age	nt and little if applicable		IE: Repistered	Age	ent signature requ	uired when reinstating) DATE				
12.	OFFICERS AN		(, 144	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIREC	CTOR	S IN 12	
TITLE	PD		DELETE	1.1 7871	.E	<u>-</u>		☐ Cha	_	☐ Addition	
NAME	VOURVOULIAS, JOYCE			1.2 NAA	AF				•	_	
STREET ADDRESS	\$380 SOUTHWEST 104 STRI	FT				ADDRESS					
CATY+ST-ZIP	MIAMI FL 33176	- '		1.4 CITY							
TITLE	STD STD		DELETE	2.1 IfTL		1-20		☐ Cha	ange	☐ Addition	
NAME	GRASS, ALFRED R			2.2 NAN							
STREET ADDRESS	9380 SOUTHWEST 104 STRI	EFT			_	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176	-t. I		2.3 STR 2. 4 CIT							
TITLE	VPD	Т	DELETE	2. 4 CH		21 - 71L		Cha	anne	Addition	
NAME :				3.2 NAN							
STREET ADDRESS	VOURVOULIAS, JA 9380 Southwest	104 STRE	FT			ADDRESS					
CITY-ST-ZIP	MIAMI, FL 331	76'	_ '								
TITLE	WINITI TE 221		DELETE	3.4. CIT 4.1 TITL		01.511		☐ Cha	ากกล	Addition	
NAME			, DELETE	4. 2 NAI					n igo		
STREET ADDRESS						*ODDECC					
CITY-ST-ZIP				4.4 CITY		ADDRESS					
TITLE			DELETE	5.1 TITL		1.71	· · · · · · · · · · · · · · · · · · ·	Cha	กกค	Addition	
NAME		L	J.C.C.FE					UING	n iga		
				5.2 NAM		1000000					
STREET ADDRESS						AODRESS					
CITY-ST-ZIP TITLE		_	DELETE	5.4 City 6.1 Titl		1 - ZIP		Cha	000	Addition	
			DILLIE					U CH3	пЯ¢	in vocition	
NAME				6.2 NAN							
STREET ADDRESS						ADDRESS					
CITY_ST_789				E 4 CITY	/ CT	7 710					

14. Thereby 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 eath; that I am an officer or director of the corporation or the processor or trusted 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; over an attractment with an address.

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