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

Mailing Address

1840 WEST 49TH STREET STE 605

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1840 WEST 49TH STREET STE 605



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000058919 (7)

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HIALEAH FL 33012 HIALEAH FL 33012-2950 3. Date Incorporated or Qualified 3s. Date of Last Report 07/11/1996 2. Princ pal Place of Business 28. Mailing Address 4. FEI Number Applied For 59-3391636 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State: 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28  $Z_{\rm ID}$ Country B. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MALAGON, JORGE A 81 Name J840 WEST 49TH STREET STE 605 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signative type for protestinane of regilterior agent and other applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 OFFICERS AND DIRECTORS 13. DELETE 1,1 TITLE Change Addition THEF MALAGON, JORGE A 1.2 NAME N.W CR2E034 2903 NE 163RD STREET STE 807 STREET ADDRESS 1.3 STREET ADDRESS NO MIAMI BEACH FL 33160 1.4 CITY-ST-ZIP CHY ST-ZIE DELETE Addition 2.1 TITLE Change THUE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS CHY - \$1 - ZiP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THE NAMI 3.2 NAME SERECT ADDRESS 3.3 STREET ADDRESS CHY S1-Zip 3.4. CITY - ST-ZIP DELETE Change Addition 4 1 TITLE THE 4 2 NAME HAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZIP CITY-\$1-7-2 Charige DELETE. Addition 5.1 TITLE THILE 20000210652ි -03/06/97--01099--025 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS \*\*\*165.00 5.4 CITY-ST-ZIP CHT-ST-Zet DELFTE 61 TITLE Change Addition 1.16 6.2 NAME MAME 6.3 STREET ADDRESS STREET ADDRESS

CIDY-S1-Ze
 14. Tide 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 from atom 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

SIGNATURE:

appears in Block 12 or Block

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

43 if changed, or on an attachment with an address.

PRESIDENT TORGE A MALAGON (305)956VVJ

**FILED** 

Mar 06 1997 8:00am

Secretary of State