

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

FILED

Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000098639 (3)

1. Corporation Name
MPOWER PROJECT, INC.

Principal Place of Business
1580 S. TREASURE DRIVE
NORTH BAY VILLAGE FL 33141

Mailing Address
1580 S. TREASURE DRIVE
NORTH BAY VILLAGE FL 33141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9029 BISCAYNE BLVD Suite, Apt. #, etc. 22 City & State 23 MIAMI SHORES FL Zip 24 33138		2a. Mailing Address 26 9029 BISCAYNE BLVD Suite, Apt. #, etc. 27 City & State 28 MIAMI SHORES FL Zip 29 33138		3. Date Incorporated or Qualified 12/04/1996	
25 MIAMI DADR		30 MIAMI DADR		4. FEI Number 65-0717597	
9. Name and Address of Current Registered Agent RUSSO, CHRISTOPHER A 1580 S. TREASURE DRIVE NORTH BAY VILLAGE FL 33141		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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, of 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	1580 S TREASURE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINKMIER, SCOTT	2.2 NAME	
STREET ADDRESS	4000 WEST AVE, #714	2.3 STREET ADDRESS	285 NE 88TH ST.
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, RAUMAR	3.2 NAME	
STREET ADDRESS	11 ISLAND AVE, #805	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

 CHRISTOPHER A. RUSSO

Date

Daytime Phone #

0201734

CR2E034 (10/97)