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

CORPORATION

FLORIDA DEPARTMENT OF STATE

FILED Apr 16 1997 8:00am Secretary of State

Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 P36000102000 (2) DOCUMENT # POWER GM TRADE INC. Principal Place of Business Mailing Address 6187NW 167ST 6187NW 167ST UNIT # H19 UNIT # H19 3a. Date of Last Report MIAMI LAKES.FL.33015 3. Date Incorporated or Qualified MIAMI LAKES.FL.33015 12/18/1996 2. Principal Place of Business 2a. Mailing Address Applied For 6187NW 167Street 21 6187NW 167Street 65/0722573 Not Applicable Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 H-19 H-19 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI, FLORIDA MIAMI, FLORIDA Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 24 33015 | 25 | USA | --- | 9. Name and Address of Current Registered Agent Yes 🔲 No 33015 Florida Statutes USA 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) GIMENO, HUGO 6187NW 167ST. UNIT # H-19 83 MIAMI LAKES, FLORIDA 33015 City 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 fame ar with, and accept the obligations of. Section 607.0505, Florida Statutes. Stor after typed or printed name of registered agent and title 1 applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE HH 1.1 DILE Change Addition NAME 1.2 NAME GIMENO, HUGO 1.3 STREET ADDRESS SHELL ALDREST 4040SW 153AV. MIRAMAR, FL. 33027 14 CiTY-ST-ZIP CITY-ST 20F DELETE Change Addition Hitt 21 TITUE 2.2 NAME GIMENO, GRACIELA STREET ADDRESS 23 STREET ADDRESS 4040SW 153AVE. 2 4 City-S1-ZIP COY ST 761 MIRAMAR, FL. 33027 DELETE Change Addition $1914\,f$ 3.1 TITLE DVT 32 NAME NAME MOIGUER, ANA 3.3 STREET ADDRESS STREET ADORESS 11621 42 ST 3.4 CITY-ST-ZIP CH7_\$E_769 SUNRISE, FL. 33323 DELETE TILL 41 TOTALE Change Addition 537 STREET ADJUMENS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP DELETE DLL 51 TITLE Change Addition NASI 5.2 NAME STREET ANDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP C IY 51 7IP Change DELETE Addition 6.1 TITLE TRUE NAM-6.2 NAME -04/17/97--01005-S06EET 400.6051 6.3 STREET ADDRESS

14. If the 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 in the port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that fam an officer or threefor days a traceation of 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 in Many red or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR