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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9700006762 (3) DOCUMENT #
1. Corporation Name

POWER ENTERPRISES & INVESTMENTS OF FLORIDA, INC.

Principal Place of Business 1036 NW NORTH RIVER DR.

SIGNATURE:

Mailing Address

1036 NW NORTH RIVER DR.

FILED Jan 30 1998 8:00am Secretary of State



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MIAMI FL 33136 **MIAMI FL 33136** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1997 Principal Place of Business 2a. Mailing Address Applied For 07643 1233 NE 81 1233 NEBI TERKOCO 21 TRUCCE 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5,80 May Be Mum 23 28 Trust Fund Contribution ded to Fees Country 8. This corporation owes or has paid the currey year Intangible Dano Personal Property Tax due June 30. ☐ No 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA, LAZARO GAKCIG 1036 NW NORTH RIVER DR. 82 Street Add MIAMI FL 33136 83 City 84 33138 MIRINA 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 femiliar 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: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Z Change Addition TITLE 1.1 TITLE GORCIO LAZGRO HATERENCE GARCIA, LAZARO NAME 1.2 NAME 1036 NW NORTH RIVER DR. STREET ADDRESS 1.3 STREET ADDRESS MAMI-FG 33138 **MIAMI FL 33136** CITY-ST-ZIP 14 CHTY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 suppliemental 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 ecciver 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.