

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000056805 (9)
1. Corporation Name
FILIPPINI U.S.A. GENERATORS CORPORATION



Principal Place of Business 4733 N.W. 72ND AVE. MIAMI, FL. 33166 XXXXXXXXXX	Mailing Address 4733 N.W. 72ND AVE. MIAMI, FL. 33166 XXXXXXXXXX
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4733 N.W. 72ND AVE. Suite, Apt. #, etc. 22		2a. Mailing Address 26 4733 N.W. 72ND AVE. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 06/27/1997	
23 City & State MIAMI, FL.		28 City & State MIAMI, FL.		4. FEI Number 65-0796785 Applied For Not Applicable	
24 Zip 33166		25 Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33166		30 Country MIAMI-DADE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KURZBAN, IRA J ESQ. 2650 SW 27TH AVE. SECOND FLOOR MIAMI FL 33133				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 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 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P LAGARES, VICTOR
STREET ADDRESS		1.3 STREET ADDRESS	4733 NW 72ND AVE.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FL. 33166
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP
STREET ADDRESS		2.3 STREET ADDRESS	FILIPPINI, MARIO
CITY-ST-ZIP		2.4 CITY-ST-ZIP	4733 NW 72ND AVE.,
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MIAMI, FL. 33166
STREET ADDRESS		3.3 STREET ADDRESS	GENERAL MANAGER
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAGARES, SOCRATES
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	4733 NW 72ND AVE.,
STREET ADDRESS		4.3 STREET ADDRESS	MIAMI, FL. 33166
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR LAGARES
PRESIDENT

3/31/98

305-443-2017

Date Daytime Phone # 0233951

CR2E034 (10/97)