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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077946 (6)

POWER 99 DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address	
15048 NW 7 AVE MIAMI FL 33168	15048 NW 7 AVE MIAMI FL 33168	

FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 5276 NW 163 ST 163 ST 5276 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing FIORIDA NIAM FLORIDA MIAMI Trust Fund Contribution Added to Fees Zip 33014 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes X No 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHAGANI, FIRDOUS 15048 NW 7 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33168 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE 1.1 TITLE Change Addition NAME CHAGANI, FIRDOUS 1.2 NAME STREET ADDRESS 15048 NW 7 AVE 1.3 STREET ADDRESS **MIAMI FL 33168** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE VTD ☐ DELETE 2.1 TITLE Change Addition NAME CHARANIA, SAMEER 2.2 NAME 15048 NW 7 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33168 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4. CITY - ST-ZIF DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE . DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change 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:

01-20-98

CR2E034