

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

uc204

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90071 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # P98000055150**

1. Corporation Name  
**SIGNAL AMERICA POWER CORP.**

Principal Place of Business 10273 N.W. 57TH TERRACE MIAMI FL 33178	Mailing Address 10273 N.W. 57TH TERRACE MIAMI FL 33178
--------------------------------------------------------------------------	--------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	P.O. Box 226195	06/19/1998	
22. Suite, Apt. #; etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				65-0844631	
23. City & State		28. City & State		5. Certificate of Status Desired	
Miami, FL		Miami, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
33122		U.S.A.		7. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BADIA, EDUARDO B <i>Wrong</i> 10273 N.W. 57TH TERRACE MIAMI FL 33178				81 Name	BADIA, EDUARDO B.		
				82 Street Address (P.O. Box Number is Not Acceptable)	10273 N.W. 57th Terr		
				83			
				84 City	Miami	85 Zip Code	FL

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 *Eduardo B. Badia* DATE *March 17/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADIA, EDUARDO B	1.2 NAME	
STREET ADDRESS	10273 N.W. 57TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, EDA B	2.2 NAME	
STREET ADDRESS	10273 N.W. 57TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* *Eduardo B. Badia* DATE: *03/16/99* DAYTIME PHONE #: *(305) 470-9352*

CR2E034 (1/98)