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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90027 016 ***150.00

DOCUMENT # P98000067924

1. Corporation Name

MICOO DOWED INTERNATIONAL INC

IVECTO	POWER INTERNATIONAL IN	.		
				19051005 110 1001 1001 0011 0011 0011 0
Principal Place		Mailing Address		
7370 N.W. 36TH	H STREET	7370 N.W. 36TH STREET		
#100-3 #100-3 MIAMI FL 33166 MIAMI FL 3316		#100-3 Miami Fl. 33166		DO NOT WRITE IN THIS SPACE
MIAMI PL 3310	•	MIAMI PE 33100		3. Date Incorporated or Qualifed
ĺ				08/04/1998
2 Principal P	lace of Business	2a. Mailing Address	1 me	4. FEI Number Applied For
21			1st circle	65-0855139 Not Applicable
		Suite Apt # etc	134 4140	\$8.75 Anditional
22 27		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing S5.00 May Be
23		28 Bounton Be	ach #L	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 33435 30	Δ 2 \mathcal{O}	Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
81			81 Name	
GENDRON, OLGA			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
4749 NW 97THPLACE			Street Addit	ess (1.0. box Number is Not Acceptable)
MIAMI FL 33178			83	
			84 City	FL 85 Zip Code
44. December 15 Sections 607 0503 and 507 4509. Elegista Statutes the above gamed corporation submits this statement for the purpose of changing its register.				
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 provide the obligations of, Section 607.0505, Florida Statutes.				
agent. I a	m laminen with, and addept the obligat	tions or, Section 607.0505, Florida's	statules.	413199
SIGNATURE	Signature, typed charinted name of registered agen	t and title if applicable. (NOTE: Regis	tered Agent signature required	d when reinstating) DATE
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		1.1 TITLE	☐ Change ☐ Addition
NAME	GENDRON, OLGA	1	1.2 NAME	
STREET ADDRESS	4749 N.W. 97TH PLACE	I f	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-ST-ZIP	
Un F	-PD		2.1.TUTLE	Change Addition:
NAME	MARTINEZ, GABRIEL		2.2 NAME	
STREET ADDRESS	4749 N.W. 97TH PLACE	1	2.3 STREET ADDRESS	
-	MIAMI FL 33178	1	2. 4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE			3.1 TITLE	Change Addition
			3.2 NAME	
NAME PERSONAL ADDRESS OF			3.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		_		- Committee - Comm
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	-		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE			5.1 TITLE 5.2 NAME	☐ Criange ☐ Addition
NAME	,	1	· ·	
STREET ADDRESS	{	1	5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE	I	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition

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_prop an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE