

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

FILED  
Jul 06, 1999 8:00 am  
Secretary of State

07-06-1999 90002 033 \*\*\*150.00

DOCUMENT # 198000069774 ✓  
1. Corporation Name  
POWER STEAMER CORP

Principal Place of Business Mailing Address

6135 NW 167 SE  
BUILDING E-14  
MIAMI, FL 33015 SAME

DO NOT WRITE IN THIS SPACE

|   |   |   |  |
|---|---|---|--|
| 2. Principal Place of Business<br><u>6135 NW 167 SE</u><br>Suite, Apt. #, etc.<br><u>BUILDING E-14</u><br>City & State<br><u>MIAMI</u><br>Zip<br><u>33015</u> | 2a. Mailing Address<br><u>26</u><br>Suite, Apt. #, etc.<br><u>27</u><br>City & State<br><u>FL</u><br>Zip<br><u>28</u> | 3. Date Incorporated or Qualified<br><u>07/31/98</u>  | 4. FEI Number<br><u>65-0869646</u><br>Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 8. 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

Luis Ayze  
19837 NW 85 AVE.  
MIAMI, FL 33015

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <u>FL</u>   |

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] Luis Ayze 6/25/99  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE <u>PD</u>            | <u>LUIS AYZE</u> <input type="checkbox"/> DELETE        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <u>19837 NW 85 AVE</u>                                  | 1.2 NAME  |   |
| STREET ADDRESS             | <u>MIAMI, FL 33015</u>                                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <u>MIAMI, FL 33015</u>                                  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE <u>DV</u>            | <u>ALFREDO CORTES</u> <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <u>18302 SW 33 SE</u>                                   | 2.2 NAME  |   |
| STREET ADDRESS             | <u>MIRAMAR, FL 33029</u>                                | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <u>MIRAMAR, FL 33029</u>                                | 2.4 CITY-ST-ZIP                                       |   |
| TITLE <u>D</u>             | <u>MIGUEL A. KIRCOS</u> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <u>19300 NW 87 PL</u>                                   | 3.2 NAME  |   |
| STREET ADDRESS             | <u>MIAMI, FL 33018</u>                                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <u>MIAMI, FL 33018</u>                                  | 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] 6/7/99 305-819-6868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
LUIS AYZE

CR2E034 (11/98)



P98000069774  
581633-90002-33

6135 NW 167 ST BUILDING E-14  
HIALEAH, FL 33015  
TLF 305-819-5552  
FAX 305-819-1955

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATION

Dear Sir:

Please find enclosed our check number 1001 for the amount of \$ 61.25 for the payment of our annual report fee for 1999.

We are not sending the form because we have not received yet

Please take note of our mailing address  
6135 NW 167 ST. BUILDING E-14  
HIALEAH, FL 33015  
TLF 305-819-5552  
FAX 305-819-1955

— VERY TRULY YOURS —

A handwritten signature in cursive script, appearing to read "Alfredo Cortes", is written over a horizontal line.

ALFREDO CORTES