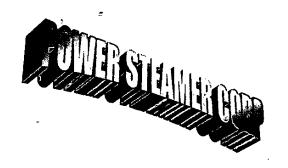
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Jul 06, 1999 8:00 am CORPORATION Katherine Harris ANNUAL REPORT **Secretary of State** Secretary of State DIVISION OF CORPORATIONS 1999 07-06-1999 90002 033 \*\*\*150.00 DOCUMENT # 1. Corporation Name POWER Principal Place of Business Mailing Address 6135 NW 1675E SAME BUILDING E-14 MIAMI, FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business 16135 NW 167 5 C 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired BUILDING E-14 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI Trust Fund Contribution Added to Fees Country 8.=This corporation:owes the current year-Intangible 30 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Luis Ayze 19837 NW 85 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33015 83 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 effice 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. LUIS AYZE 6/251 SIGNATURE of registered agent and title if applicable reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS ☐ Addition LUIS AYZE 19837 NOV 85 AVE 1.1 TITLE ☐ Change CR2E034 1.2 NAME NAME ■操制 1.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 330KST ALFREDO CORTE Addition **yy**me ☐ Change 18302 SW 33 SE MIRAMAR, FL 33029 2.4 CITY-ST-ZIP CITY-ST-ZIP MIGUEL A. KIRCOS DELETE ☐ Change Addition 19300 NW 87 PZ MIAMI, FL 33018 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZiP 6.1 TITLE ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



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

**ALFREDO CORTES**