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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # \$40485

(2)

POWERTECH COPY SYSTEMS, CORP.

**FILED** Feb 18 1997 8:00am Secretary of State



Principal Pla	ce of Business	Mailing Address						
PO BOX 013 MIAMI FL 33	444	PO BOX 013444 MIAMI FL 33101-3444		•				
US		US			3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1991 08/14/1996			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 65-0252319	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	K	\$8.75	Additional Regulred
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z <sub>i</sub> p	Country	Zip	Countr	У	8. This corporation has liability for it		<del> </del>	
4	25		30	•		] Yes [		J. 199.00L,
····	9. Name and Address of Curre	ent Registered Agent	<del> </del>		10. Name and Address of New Re	gistered A	gent	
Cł	HAVEZ, MARCO A.		8	Name		<del></del>		
20022 N.W. 58TH AVE				<u> </u>				
	AMI FL 33055		8	Street Add	dress (P.O. Box Number is Not Acceptable)			
mı	Ami 1 L 33003		8	3		<del></del>		
	•							
			84	City		FL	<b>85</b> Zip	Code
44 Division	the the previous of Costons 607.0	D2 and 607 1509 Florida Statut	oc the abo	io named cor	rporation submits this statement for the pation's board of directors. I hereby accep		obanoino	ite registeres
SIGNATURE	Signature, typod or printed name of registered a	gent and life if applicable (NOT) ND DIRECTORS	E Registered A	gent elignature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE				Change	
NAME	CHAVEZ, MARCO A.		1.2 NAME	:				
STREET ADDRESS	20022 N.W. 56TH AVE		1.3 STRE	ET ADDRESS		•		
CITY-S1-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP				
TITLE	VD	DELETE	2.1 TITLE				Change	Addition
NAME	FLORIAN, LESLIE M.		2.2 NAME	: [				
STREET ADDRESS	20022 N.W. 56TH AVE		2.3 STRE	ET ADDRESS				
CITY - S1 - ZIP	MIAMI FL		2. 4 CHTY	-ST-ZIP	make the second of the second			
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Additio
NAME			3.2 NAM!	:				
STREET ADDRESS	S		3.3 STRE	ET ADDRESS		1		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Additio
NAME			4. 2 NAM	E				
STREET ADDRESS	S		4.3 STRE	et address				
CITY-ST-ZIP			4.4 City				<del></del>	·
TITLE		☐ DELETE	5.1 TITLE	\ \			Change	Additio
NAME			5.2 NAM					
STREET ADDRESS	\$			ET ADORESS				
CITY - ST - ZIP		Librere	5.4 CITY				Channe	A J310 -
TITLE		☐ DELETE	6.1 TITLE				Change	Additio
NAME			6.2 NAMI	. 1				
STREET ADDRESS	\$		1	ET ADDRESS				
CITY - ST - ZIP			6.4 CITY	-ST-ZIP				

14. I do 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 changes of on an attachment with an address.

**SIGNATURE:**