

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 APR 11 10 11

DOCUMENT # S42155 (9)

1. Corporation Name
POWERFIRST FINANCE CORPORATION

Principal Place of Business 401 N.E. 62ND STREET MIAMI FL 33130	Mailing Address 401 N.E. 62ND STREET MIAMI FL 33130
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2. Principal Place of Business 21 2711 N. ANDREWS AVE Suite, Apt. #, etc. 22 City & State 23 FT. LAUDERDALE FL Zip 24 33311	2a. Mailing Address 25 BROWARD City & State 26 Zip 27 County 28 29 30
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/29/1991	3a. Date of Last Report 08/02/1994
4. FEI Number 65-0268377	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
6. This corporation has liability for initial public law under S. 128.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

POWER MEUS I.
~~401 N.E. 62ND STREET~~
~~MIAMI FL 33130~~

10. Name and Address of New Registered Agent

81 Name POWER MEUS I.
82 Street Address (P.O. Box Number is Not Acceptable) 2711 N. ANDREWS AVE
83 1
84 City FT. LAUD.
85 Zip Code FL 33311

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 officer 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

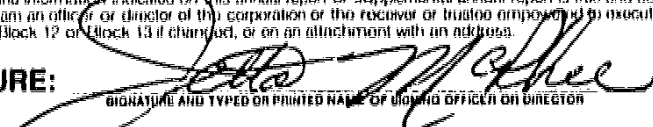
12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DP MEUS, POWER- 401 N.E. 62ND STREET MIAMI FL 33130
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TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	DP JETTA MCPHEE 2711 N. ANDREWS AVE FT. LAUD, FL 33311	☐ Change ☒ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:  DATE: **5/25/95** (1995) **777-3203**

SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR