SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 17 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # S42216 (9) MOTION POWER BOATS, INC. Principal Place of Business Mailing Address 3660 N.W. 41 ST **7601 N.W. 25TH AVENUE** MIAMI FL 33142 MIAMI FL 33147 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 04/02/1991 10/09/1996 4. FEI Number Applied For 2. Principal Place of Business Mailing Address 59-3067905 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 30 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent SANTAMARIA, LAURA 81 Name 2809 BIRD AVE., #189 82 Street Address (P.O) Box Number is Not Acceptable **COCONUT GROVE FL 33133** 83 City 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 he state of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607 0505, Fiorida Statutes. agent. I am familiar with and accept **SIGNATURE** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. President DELETE 1.1 TITLE TITLE **SCHEER, EDWIN** dear NAME 1.2 NAME 3161 S.W. 142 AVENUE 7601 N.W. 25 Ave 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33175 1.4 City-ST-ZIP CITY-ST-ZIP ami Addition DELETE Change 2.1 TITLE TITLE **B**ANE, EDGAR **2.2 NAME** NAME \sim 7601 N.W. 25TH AVENUE 7601 10.W. 25 Aye 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. Ido 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.

CITY-ST-ZIP