PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90002 002 ***158.75

1. Corporation								
POWER	TECHNOLOGY SYSTEMS I	NC.						
Principal Flace of Business Mailing Address					- I ABONEAND AND BONE DERN FORM TO AND THE PRINCE TO AND THE PRINC	Habir diğ ir ə səir di	en albin 100i	
,		3815 NORTH U S 1						
3815 NORTH U STE 64	9.5.1	STE 64						
COCOA FL 32926 COCOA FL 32926					DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed			Ì
					04/16/1991			-
⊢ii ''	lace of Business	2a. Mailing Address			4. FEI N Imber		Applicable	}
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3076309	\$8.75 A	Applicable	ł	
-	#, etc.	27			5. Certifcate of Status Desired	Fee Re		
City & 5 tat	9	City & State		6. Electic n Campaign Financing	\$5.00	May Be	-	
23		28		Trust Fund Contribution Added to Fees			1	
Zip			Country		8. This corporation owes the current year Intangible			
24	25	29 30	D				□No	
	9. Name and Address of Curren	- 			10. Name and Address of New Registered	Agent		
			8	1 Name				
	Z, LUIS A		8:	2 Street Arld	ress (P.O. Bo) Number is Not Acceptable)			1
4565 ANNETTE CT.			"	0.0007.00				
MER	RRITT ISLAND FL 32953		8	3				
}			8	4 City		85 Zip C	ode	{
			ĺ	'	FL	- '		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	ve-named cc rp	poration submi s this statement for the purpose of	changing its	egistered	ļ
office crin agent. ⊢a	registered agent, or boin, in the State im tamiliar with and arrapt the obliga	trons of, Section 607.0505, Florida	a Statute	y ine corpora⊪i s.	ion's board of directors. I hereby accept the appoint	_	noter ou	
SIGNATURE	Line late (F.)	Dix?			3-23-	Ι ΄		
	Signature, typed or printed name of registered ager			ent signature require	ed when reinstating) DATE	ID DIDEOTO		√ <u>@</u>
12.	· ····-	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	CR2E034 (11/98)
TITLE	PD DIAZ ENERGIA	☐ NETELE	1.2 NAME			onlingo		2
NAME	DIAZ, ENITH J.		1.2 NAME 1.3 STREET ADDRESS !					[영
STREET ADDRE 3S								2
CITY-ST-ZIP	MERRITT ISLAND FL	□ DELETE	14 CITY-ST-ZIP			☐ Change	Addition	5
TITLE	VDST	_ DALL!	2.1 MILE 2.2 NAME			_ 3	_	
NAME	DIAZ LUIS A		•	ET ADDRESS (
STREET ADDRESS	4565 ANNETTE CT "MERRITT-ISLAND FL-32953"		2.4 CITY					
TITLE	VD	☐ D£LETE	3.1 TITLE			☐ Change	☐ Addition	1
NAME	DIAZ, JUAN C		3.2 NAME			-		
STREET ADDRESS			3 3 STREET ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL 32953		3.4. CiTY-ST-ZIP					
TITLE	VD	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	DIAZ, RUBEN D		4. 2 NAME					
STREET ADDRESS	4565 ANNETTE CT.		4.3 STREET ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL 32953		4.4 <u>CIT</u> Y-	ST-ZIP				
TITLE	VD	☐ DELETE	5.1 TITLE			Change	Addition	
NAME	YEBRAIL, DIAZ T		5.2 NAME					1
STREET ADDRESS			5 3 STREET ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL 32953		5.4 CITY-ST-ZIP					1
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME	ľ				
STREET ADDRES;			63STRE	ET ADDRESS				

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 uncer 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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PFINTED NAME OF SIGNING OFFICER OR DIRECTOR