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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT # V29213** 

MARIDA POWER ASSOCIATES, INC.

(0	

**FILED** May 13 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 8340 BISCAYNE BLVD. MIAMI FL 33138 MIAMI FL 33138-3507											
						3. Date Incorporated or Qualified 04/13/1992		ate of Last R 01/1996	eport		
2. Principal P	Place of Business	2a, Mailing Address 26		,	·	4, FEI Number 65-0334895		<b></b>	oplied For of Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional		
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00 Added t			
Zip 24	Country 25	Zip	Со. 30	intry		Trust Fund Contribution  8. This corporation has liability for Florida Statutes	intangible				
241	g. Name and Address of Current		[30]	Γ		10. Name and Address of New Ri					
DDA	UNSTEIN, THEODORE B.	· · · · · · · · · · · · · · · · · · ·		81	Name	1At James and Language & Heat th					
834	O BISCAYNE BLVD.		ı	82		ess (P.O. Box Number is Not Accepta	ble)	<del></del>	······································		
MIA	MI FL 33138			83			····	<del>/</del>			
				84	City		FL	<b>85</b> Zip (	Code		
11, Pursuant office of a agent He SIGNATURE	te the provisions of Sections 607.0502 registered extends or both, in the State of	il and title il applicable. (No	OTE: Regislere			ed when reinstating)	DATE	-4/	······································		
12.	OFFICERS AND		13,			ADDITIONS/CHANGES TO OFFI	CERS AND				
TOLE	D Braunstein, Theodore B.	☐ DELETE	1.1 TI					Change	Addition		
NAME	2340 MAGNOLIA DR		1.2 N								
STREET ADDRESS	NORTH MIAMI FL				ADDRESS						
CITY-ST-ZIP	D D	DELETE	1.4 C	17-ST	-ZIP			Change	Addition		
TITLE NAME	BRAUNSTEIN, FRANK		2.3 H		ľ			C) Cue-igo	Addition		
STREET ADDRESS	9102 W. BAY HARBOR DR				ADDRESS						
CITY-ST-ZIP	BAY HRBR ISLNDS FL		1	CITY-ST	1						
TITLE	D	DELETE	3.1 7	-	<del></del>		,	Change	Addition		
NAME	SCHOU, MICHAEL J.		3.2 N	AME							
STREET ADDRESS	4245 LAKE DR.		3.3 S	TREET A	ADDRESS						
CITY-ST-ZIP	MIAMI FL		3.4. 0	HTY-ST	1-21P						
TITLE	D	DELETE	4.1 Ti	ITLE				☐ Change	☐ Addition		
NAME	GOLDSMITH, MALCOLM		4.2 N								
STREET ADDRESS	5625 N. BAYSHORE DR.				ADDRESS						
CITY-ST-ZIP	MIAMI FL	DELETE		ITY-ST	- ZIP			Change	Addition.		
TITLE		☐ bett if	517		l			Change	Addition		
NAME STORES APPONESS			5.2 N		1000000						
STREET ADORESS	£				ADDRESS						
CITY-ST-ZIP		DELETE	5.4 CI 6.1 TI	ITY-ST	- ZIP	······································	<del></del>	Change	Addition		
TITLE		L) VIIII			1			emil CHARING	FT VOUCOU		
NAME STREET ADDRESS			6.2 N		ADDRESS						
C(1Y - S1 - ZIP	l		D.4 C	ity-st	-411						

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 excoordion 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 of block 13 it planned, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

315-75Y-6500