

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

(0)

1. $\frac{1}{2} \pi \sqrt{2 + \sqrt{2}}$ or $\sqrt{2} \pi$.

ULTRA COMMUNICATIONS, INC.

From your Picture of Experiences

Marital Address:

8504 S.W. 129TH TERRACE
MIAMI FL 33156

8504 S.W. 129TH TERRACE
MIAMI FL 33156

2. Find q and P if $Q = \{b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z\}$.

2a. Mailing Address

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S. A. G. 11, 12

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Scrie, Apt. #, et

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Co., & State

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23	Country
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28 | *Journal of Management Education* 36(1)

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9. Name and Address of Current Registered Agent

L A W CLINIC
9100 S DADELAND BLVD
SUITE 106
MIAMI, FL 33156 33157

81	Name:	VALERIE STUART - c/o above address		
82	Street Address (P.O. Box Number is Not Acceptable)	8504 S.W. 129th Terrace		
83				
84	City:	Miami	FL	85 Zip Code
				33156

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to any foreign port, 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, for this purpose, authorized to obligate myself to the obligations of Section 607.0606, Florida Statutes.

SIGNATURE *X Valerie Stuart*

$$f_{\alpha}^{(n)}(t) = \int_0^{\infty} f_{\alpha}(x) e^{-xt} dx = \frac{1}{\Gamma(\alpha)} \int_0^{\infty} x^{\alpha-1} e^{-xt} dx = \frac{1}{\Gamma(\alpha)} \Gamma(\alpha) t^{-\alpha} = t^{-\alpha}$$

12 OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

DATE	PST
NAME	STUART, VALERIE
STREET ADDRESS	8504 S.W. 129TH TER.
CITY	MIAMI FL
STATE	VD
NAME	STUART, VALERIE
STREET ADDRESS	8504 S.W. 129TH TER.
CITY	MIAMI FL

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NAME: STUART, VALERIE
DOB: 01/01/1950
SSN: 1-23-456789
MOM: VD
NAME: STUART, VALERIE
DOB: 01/01/1950
SSN: 1-23-456789
MOM: VD

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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)(k), 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 of company name on the attached form I was an address.

SIGNATURE: *X Valerie Stuart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11/16/46 305.238.004

CR2E034 (12/95)