

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 MAY -1 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M55650 (9)

1. Corporation Name

UPSIDE, INC.

Principal Place of Business

1036 SW 1ST ST
MIAMI FL 33130

Mailing Address

1036 SW 1ST ST
MIAMI FL 33130

3. Date Incorporated or Qualified

07/16/1987

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

4. FEI Number

65-0004934

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip

24 33145

Country

25 US

Zip

29 33145

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
1036 S.W. 1 ST.
MIAMI FL 33130

81 Name

FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)

2300 CORAL WAY SUITE # 200

83

84 City MIAMI

FL

85 Zip Code 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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 agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME VALLE, JOSE
STREET ADDRESS 3200 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE ST ☒ DELETE

NAME LOPEZ-CANTERA, AMADA
STREET ADDRESS 1036 S.W. 1ST ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change: ☐ Addition

1.2 NAME Lopez-Cantera, Amada
1.3 STREET ADDRESS 2300 Coral Way, Suite 201
1.4 CITY-ST-ZIP Miami, Florida 33145

2.1 TITLE D ☐ Change: ☒ Addition

2.2 NAME Buckreus, Gerti
2.3 STREET ADDRESS 2300 Coral Way, Suite 201
2.4 CITY-ST-ZIP Miami, Florida 33145

3.1 TITLE ☐ Change: ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 300001805753
3.4 CITY-ST-ZIP -05/02/96--01096--007

4.1 TITLE ☐ Change: ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 300001805753

5.1 TITLE ☐ Change: ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP -05/02/96--01096--007

6.1 TITLE ☐ Change: ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP *****8.75 *****8.75

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(305) 854-1040

Date

Daytime Phone #

CR2E034 (12/95)