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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

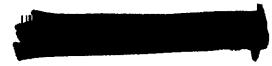
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069730 (8)

UPSCALE TECHNOLOGIES, INC.
UPSCALE WATER TECHNOLOGIES, INC.

NCH-10

FILED
May 29 1997 8:00am
Secretary of State



C/O MARK LUBIN 12802 8W 132 AVE. MIAMI FL 33186 US		C/O MARK LUBIN 12962 SW 132 AVE. MIAMI FL 33186-5811 US		3. Date Incorporated or Qualified 09/30/1993	3a. Date of Last Report 05/01/1996	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	en de la composition	_ 26		65-0447697	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,	
24	9 Name and Address	29 29 Sof Current Registered Agent	[30]	10. Name and Address of New Reg		
Od Nama						
	58 SW 95 LANE			Lubin, Mark		
MIAMI FL 33186				82 Street Address (P.O. Box Number is Not Acceptable) 13950 Sw 109 Street		
			83			
			84 City	~	85 Zip Code,	
				Miami	FL 33186	
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Fixeg stored Agent signature required when reinstating) DATE						
12.	OFF	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITLE	Resident	Change K Addition	
NAME	LUBIN, ELLEN		1.2 NAME	were Greenberg , Steur	ν 	
STREET ADDRESS	14558 SW 95 LN		1.3 STREET ADDRESS	7101 SW 102 Avenue	را	
City-ST-ZIP	MIAMI FL 33186		1.4 CITY-\$1-ZIP	miami , A 33173	<u> </u>	
TITLE	D	L_J DELETE	2.1 TITLE	2	Change	
NAME	LUBIN, MARK		2.2 NAME	Whin, Ellen 13950 SW 109 street		
STREET ADDRESS	14556 SW 95 LN		2.3 STREET ADDRESS	13950 SW 109 377 CET		
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY - ST - ZIP	Miami 1 Pt 33186	Change Addition	
TITLE		☐ DELETE	3 1 TITLE '	Z made	Enange Mounton	
NAME			3.2 NAME	whin , Mark 13950 SW 109 Street		
STREET ADDRESS			3.3 STREET ADDRESS	13400 200 10 1 21.001		
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	Miami, PL 33186	Change Addition	
TITLE		_ ottere	4. 2 NAME		C. Orango L. Faarson	
NAME			4.3 STREET ADDRESS			
STREET ADDRESS					·	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5,3 STREET ADDRESS		(A5/20 tor)	
CITY-ST-ZIP			5.4 City-St-ZiP		MUDITA	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	40000220	1/	
STREET ADDRESS			6.3 STREET ADDRESS	-06/06/970112	6028	
CITY-ST-ZIP		•	6.4 CITY - ST - ZIP	***165.00		
14. I do herel	by certify that the informat	ion supplied with this filing does not qual	lify for the exemption s	tated in Section 119.07(3)(i), Florida Statutes	. I further certify that the	

I do hereby certify that the information supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this innual report or supplemental angual 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 this receiver or Austee emplywered 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 of the attachment with an address.

-laslas ...ca