

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

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000080936 (2)**

1. Corporation Name  
**ULTRA CUTTING, INC.**

Principal Place of Business: **10050 NW 116TH WAY, STE. 1 MEDLEY FL 33178-1162**  
 Mailing Address: **10050 NW 116TH WAY, STE. 1 MEDLEY FL 33178-1162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>11801 NW 101st RD</b>		26		09/17/1997	
22 <b>3</b>		27		4. FEI Number	
23 <b>MEDLEY, FL</b>		28		65-0787956	
24 <b>33178</b>		29 <b>USA</b>		5. Certificate of Status Desired	
		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>N/A</i>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BUCHANAN INGERSOLL PROFESSIONAL CORPORATION</b> <b>1 TURNBERRY PL.,</b> <b>19495 BISCAYNE BLVD., STE. 606</b> <b>AVENTURA FL 33180</b>				81 Name			
				82 Street Address (P.O. Box Number Is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent not valid if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>DIRECTOR / SECRETARY</b>
NAME	<b>WAKSMAN, SAMUEL M</b>	1.2 NAME	
STREET ADDRESS	<b>3850 N. 54TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>DIRECTOR / VP</b>
NAME	<b>ZIGHELBOIM, JUAN C</b>	2.2 NAME	
STREET ADDRESS	<b>187 DOCKSIDE CIR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<b>DIRECTOR / PRESIDENT</b>
NAME	<b>YEUNG, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>6355 NW 50TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 under oath; that I am an officer or director of the corporation and a 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 in an attachment with an address.

SIGNATURE: **X** *[Signature]* **3/10/98 (305) 888-8336**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0265768

CR2E034 (10/97)