

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:20

DOCUMENT # P94000061300 (7)

1. Corporation Name

UPC WHOLESALE, INC.

Principal Place of Business

380 E. 54TH ST.
HALEAH FL 33013

Mailing Address

380 E. 54TH ST.
HALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/19/1994

2. Principal Place of Business

21 5901 N.W. 151 St.

2a. Mailing Address

26 5901 N.W. 151 St.

4. FEI Number

65-0513732

Applied For

Not Applicable

22 Suite/Apt. #, etc.

105

27 Suite/Apt. #, etc.

105

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23 City & State

27 Miami Lakes FL

28 City & State

28 Miami Lakes FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

24 Zip

25 33014

Country

26 Dade

29 Zip

30 33014

Country

31 Dade

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOTH, ALEXANDER W JR
5901 NW 151ST ST.
MIAMI LAKES FL 33174

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and date of signature)

(Signature, typed or printed name of registered agent and date of signature)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VALDES, WILLIAM
STREET ADDRESS	380 E. 54TH ST.
CITY ST ZIP	HALEAH FL 33013
TITLE	D
NAME	VALDES, JOSE M
STREET ADDRESS	380 E. 54TH ST.
CITY ST ZIP	HALEAH FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 this report, or on an attachment with my address.

SIGNATURE:

Jose M. Valdes, Jose M. Valdes Pres. 3/31/95 8230011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR