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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 822228 (3)

1. Corporation Name
UPHAM INTERNATIONAL CORPORATION



Principal Place of Business
AMFAC CENTER, HAWAII TOWER
745 FORT STR STE 700
HONOLULU HI 96813
US

Mailing Address
AMFAC CENTER, HAWAII TOWER
745 FORT STR STE 700
HONOLULU HI 96813
US

3. Date Incorporated or Qualified
12/31/1968

3a. Date of Last Report
02/20/1996

4. FEI Number
52-0818930

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

CASELLA, ROBERT M.
SUITE 100
2424 MANATEE AVE. W.
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	BLUEMEL, PETER	1.2 NAME	
STREET ADDRESS	745 FORT STR STE 700	1.3 STREET ADDRESS	
CITY - ST - ZIP	HONOLULU HI	1.4 CITY - ST - ZIP	
TITLE	AS	2.1 TITLE	
NAME	MCMICHAEL, H.R.	2.2 NAME	
STREET ADDRESS	265 KENILWORTH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	
NAME	ANDERSON, ROBERT M	3.2 NAME	
STREET ADDRESS	PO BOX NA SNAMPAO	3.3 STREET ADDRESS	
CITY - ST - ZIP	BANGKOK TH	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	
NAME	MCMULTY, ANDREW C	4.2 NAME	
STREET ADDRESS	265 KENILWORTH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH, FL 00000	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 do 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 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: Peter Bluemel DATE: 04-11-97 DAYTIME PHONE: 808-538-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR