## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP 16 PM 1:41

1. Name of United Parametrics  AUMAR BUILDERS, LTD.  Maring Address  Philosopic Disc. Address  P						96 SEP 16 FF	1 1 4 1		
Addition Address  Principal Office Address  *** HAROLD ANGESON**  *** State or Country of Formation**  *** State or Country of Formation**  *** A state or Country of Formation**  *** To extracted or Status Cheered and Park Cheered Angeson**  *** To extracted or Status Cheered and Park Cheered Angeson**  *** To extract or Status Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered Angeson**  *** To extract the flag partners of Angeston Cheered	Name of Limited Partnership 1a. DOCUMENT # A93000000893					T (BATAK) TERA TANAK KINI BANK BANK BANK BANK BANK BAKA KANA KANA			
# HAROLD JACOBSON # HAROLD JAC	CALIMAR BUILDER	S, LTD.				13604111011110101111111111111111			
BOCA RATON FL 39694  BOCA RATO	% HAROLD JACOBSOHN	% HAROLD JACOBSOHN	HAROLD JACOBSOHN			\$227,700.00  5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Address  2. Sulte, Apt. #, etc.  City & State  To Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  To C								09/14/1995	
City & State  Country  C	2. Mailing Address		2a. Principal Office Address						
September   Sept						6. FEI Number 65-0428851	Applied For Not Applicable		
9. Name and Address of Current Registered Agent  10. If changed: new Registered Agent Office  Name  10. If changed: new Registered Agent Office  Name  Sure Address (P.O. Box Number is Not Acceptable)  Sure Address (P.O. Box Number is Not Acceptab						7. Certificate of Status Desired \$8.75 Additional			
JACOBSOHN, HAROLD 4/14 WOODFIELD BOULEVARD BOCA RATON FL 33434  Suite, Apt #, etc.  City  FL  Zip Code  The provisions of sections 620 1051 and 620 192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered spent, or both, in the State of Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits it is statement for the purpose of changing its registered office or registered spent, or both and accept the obligation of section 620 192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits its statement for the purpose of changing appointment of registered agent accepting Appointment Agent Agent Accepting Appointment Agent Agent Agent Accepting Appointment Agent Agent Agent Accepting Appointment Agent Age	2.0	····			_	8, Make check payable to: Dept. of State (See reverse side for tee information			
JACOBSOHN, HAROLD 4/14 WOODFIELD BOULEVARD BOCA RATON FL 33434  Suite. Apt #. etc.  City  FL  Zip Code  The provisions of sections 620 1051 and 620 192, Florida Stabutes, the above-named limited partnership organized or registered under the lews of the State of Florida, submits this statement for the provisions of sections 620 1051 and 620 192, Florida Stabutes, the above-named limited partnership organized or registered under the lews of the State of Florida, submits this statement for the propose of changing its regulated aspect. In the State of Florida Stabutes, the above-named limited partnership organized or registered under the lews of the State of Florida, submits this statement for the propose of changing appointment of registered appet a december accept the obligation of section 620 102, Florida Stabutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (pc/MSP) florida Stabutes, Tengengal Partner(s)  11b. City, State & 2p Code  11c. Registerior (Decument Number)  Registerior (Decument Number)  Registerior (Decument Number)  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hovely certify that the partnership rince completes with Scaletin 107 (20%), in the week that the information appeted is deemed price from protein scales. I further certify that the information incidated on the sense legal effects as if made under cell. I further certify that I am a General Partner of the limited partnership, receiver or flustee empowered from protein scales. I forther certify that I am a General Partner of the limited partnership, receiver or flustee empowered from securities and the information apped is deemed to succepting from protein accepts of the limited partnership, receiver or flustee empowered from acceptance of the limited partnership, receiver or flustee em	Q Name a	nd Address of Current R	epistered Agent	Τ		10. If changed new Registers	ed Agent/Office		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. #, etc.  City  FL  Zip Code  To the purpose of changing its registered office or registered agent, or both, in the State of Forda. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 820 102. Forda Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(e) of General Partner(s)  11a. (p. 100 of General Partner(s)  11b. City, State & Zp Code  11c. Registration  R	<del></del> _		Name			10. It blib god, flow registered Agentionics			
Tida, Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent, a sm familiar with, and accept the obligations of section 620 192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (DAMOSTOSE Florid Statutes)  SUPREMA, INC.  4474 WOODFIELD BOULEY  BOCA RATON FL 33434  K64236  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certify that the derivations supplied with its filling is voluntarily furnished and does not qualify for the exemption state in Section 119 07(3)(k). Florida Statutes in the event with the information indicated on this annual report is true detally counted and the same legal effects as it made under cath. I further certify that it am a General Partner of the limited partnership, receiver or trustee empowered to accept the partner of the limited partnership, receiver or trustee empowered to accept the partner of the limited partnership, receiver or trustee empowered to accept the partner of the limited partnership, receiver or trustee empowered to accept the accept of the certify that it am a General Partner of the limited partnership, receiver or trustee empowered to accept the accept of the certify that it is made to accept the accept of the limited partnership, receiver or trustee empowered to accept the accept the certified to	4474 WOODFIELD BOU				ress (P.O. B	Box Number Is Not Acceptable)			
10a, Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Povida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, are horized agent, and the purpose of changing its registered under the laws of the State of Povida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (CANGE OF STATE OF	, DOOM TIMION FE 30-10-1		Suite, Apt. #, etc.		#, etc.				
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11. Name(s) of General Partner(s)  11a. (De NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  11b. City, State & Zip Code  11c. Registration/ Document Number  11c. Pegistration/ Document Number  11d. (De NOT Use Post Office Box Numbers)  11d. City, State & Zip Code  11c. Registration/ Document Number  11d. City, State & Zip Code  11d. Registration/ Document Number  11d. City, State & Zip Code  11d. Registration/ Document Number  11d. Registration/ Document Number  11d. Registration/ Document Number  12d. Poly 13d 6 - 010 23 - 003  *******576. 25  ******576. 25  ******576. 25  *****576. 25  *******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  *******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  *******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  ******576. 25  *******576. 25  *******576. 25  *******576. 25  *******576. 25  ********576. 25  ***********************************		TNER THAT IS	S A CORPORATION, I	IMITED	PART	NERSHIP OR OTHE		NESS ENTITY	
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Signature		161(5)	<del> </del>						
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. 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 release the Division of Corporations from any list lits of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this prior as required by chapter 620, Florida Statutes.  SIGNATURE	SUPPLEMA, INC.		4474 WOODFIELD BOO	LEV	В	ICA HATUN FL 33434	K	64236	
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SIGNATURE Hand n. President, Suprema, Dr.C. 12/96	12. I do hereby certify that the inf Corporations from any liability this annual report is true and	mation supplied with this of non-compliance with S securate and that my signs	s filing is voluntarily furnished and does ne ection 119.07(3)(k) in the event that the in ature shall have the same legal effects as	ot qualify for the	e exemption olied is deer	stated in Section 119.07(3Xk), Florida ned exempt from public access. I furth	Statutes. I rel	ease the Division of the information indicated on	
Harald B. Tarokolus 561-994-3941	SIGNATURE	W N	Usident, Supren	na, Dr	14	DATE 6	9/12/	96	
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