

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F59363 (4)
1. Corporation Name
ULTRA FABRICS, INC.



Principal Place of Business	Mailing Address
3723 1/2 NW 7 STREET MIAMI FL 33126	3723 1/2 NW 7 STREET MIAMI FL 33126

3. Date Incorporated or Qualified 12/15/1981		3a. Date of Last Report 04/21/1995	
4. FEI Number 59-2149039		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address
21		26
	Suite, Apt. #, etc.	Suite, Apt. #, etc.
22		27
	City & State	City & State
23		28
	Zip	Zip
24	25	29
	Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBIN, BRENDA
3723 1/2 N.W. 7TH STREET
MIAMI FL 33126

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

Suppose the 600th or 1000th number of requests is 1.3 and 1.7 respectively.

THE Registered Agent must be required when conducting

DATE

12.	OFFICERS AND DIRECTORS
-----	------------------------

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUBIN, BREND A	
STREET ADDRESS	3723 1/2 NW 7TH ST	
CITY - ST - ZIP	MIAMI FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLUMIN, MARIA	
STREET ADDRESS	3723 1/2 NW 7TH ST	
CITY-STATE-ZIP	MIAMI FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BLUMIN, DANIEL	
STREET ADDRESS	3723 1/2 NW 7TH ST	
CITY - ST - ZIP	MIAMI FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	NAME	STREET ADDRESS	CITY - STATE - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/96 (305) 541-8384

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