FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Apr 17 1997 8:00am
Secretary of State

DOCUMENT # **G16003** **(7)**

1. Corporation Name
UPRIGHT ENTERPRISES, INC.

[redacted]

Principal Place of Business
7330 N.W. 12TH STREET
SUITE 104
MIAMI FL 33126

Mailing Address
7330 N.W. 12TH STREET
SUITE 104
MIAMI FL 33126

3. Date Incorporated or Qualified: 11/22/1982
3a. Date of Last Re: 05/01/199

2. Principal Place of Business (21): 7171 SW 62nd Ave
2a. Mailing Address (26): Same as 2
Suite, Apt. #, etc. (22): 404
Suite, Apt. #, etc. (27):
City & State (23): S. Miami Fl.
City & State (28):
Zip (24): 33143
Country (25):
Zip (29):
Country (30):

4. FEI Number: 59-2691628
5. Certificate of Status Desired ☐ $8.75 Fee Re
6. Election Campaign Financing Trust Fund Contribution ☐ No $5.00 Added
8. This corporation has liability for intangible tax under s Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MARTIN-LAVIELLE
2450 S.W. 137TH AVENUE
SUITE 221
MIAMI FL 33175

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 901 Ponce DeLeon Blvd
83 Suite 502
84 City: Coral Gables FL 85 Zip: 33134

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 re 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 a 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	
TITLE	PTS ☐ DELETE	1.1 TITLE	☐ Change
NAME	AVILA, LEON	1.2 NAME	
STREET ADDRESS	8220 S.W. 62ND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change
NAME	AVILA, LEON	2.2 NAME	
STREET ADDRESS	8220 S.W. 62ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	3.1 TITLE	☐ Change
NAME	AVILA, ANA E.	3.2 NAME	
STREET ADDRESS	9211 SW 100TH AVE., ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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. 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 m 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 m appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President. 4/14/97 (305)669444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone