FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:42

DOCUMENT # J39684 (2)

1. Corporation Name
THE ULTRA GROUP, INC.

Principal Place of Business	Mailing Address
% WILLIAM BATINA 6819 L S.W. 81ST ST. MIAMI FL 33143	% WILLIAM BATINA 6819 L S.W. 81ST ST. MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2773864	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BATINA, WILLIAM P.
~~6819 L S.W. 81ST ST.~~ 6821 SW 81 ST
MIAMI FL 33143

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	PST	☒ Change ☐ Addition
NAME	BATINA, WILLIAM P.	1.2 NAME	BATINA, William P	
STREET ADDRESS	~~6819 L S.W. 81ST ST.~~	1.3 STREET ADDRESS	6821 SW 81 ST	
CITY-ST-ZIP	SOUTH MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33143-7707	
TITLE	D	2.1 TITLE	D	☐ Change ☐ Addition
NAME	BATINA, WILLIAM P.	2.2 NAME	BATINA, William P.	
STREET ADDRESS	~~6819 L S.W. 81ST ST.~~	2.3 STREET ADDRESS	6821 SW 81 ST	
CITY-ST-ZIP	SOUTH MIAMI FL.	2.4 CITY-ST-ZIP	MIAMI FL 33143-7707	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ-PONS, ALEX	3.2 NAME		
STREET ADDRESS	1030 SW 44 AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: William P. Batina Aug 4, 1995 305-665-0482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
WILLIAM P. BATINA

0428690 FP