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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS®

DOCUMENT # L19755

UNITED FOREST PRODUCTS, INC.

FILED
Mar 20 1998 8:00am
Secretary of State



305.253,7707

Principal Place of Business Mailing Address 10190 SW 122 TERRACE 10190 SW 122 TERRACE MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualified 10/02/1989 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 21 26 65-0153986 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes ☐ No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MINIHAN, JOHN P. 10190 SW 122ND TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MINIHAN, JOHN P. NAME 1.2 NAME CR2E034 10190 SW 122 TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ŜT Change Addition TITLE 2.1 TITLE MINIHAN, TULA K. NAME 2.2 NAME 10190 SW 122 TERRACE STREET ADDRESS 2.3 STREET ADORESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Addition TITLE 6.1 TITLE 70000246452 -03/23/98--01008--002 NAME 8.2 NAME 6.3 STREET ADDRESS STREET ADDRESS ***150.00 6.4 CITY - ST - ZIP

14. I 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 of quates improved 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 withy a address.