

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:02

**DOCUMENT # M16244 (9)**

1. Corporation Name  
**U.T.C. INTERNATIONAL, CORP.**

Principal Place of Business      Mailing Address  
**7945 NW 64TH STREET**      **7945 NW 64TH STREET**  
**MIAMI FL 33166-2723**      **MIAMI FL 33166-2723**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/04/1985</b>	3a. Date of Last Report <b>04/07/1994</b>
4. FEI Number <b>59-2536580</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22 City & State		27 City & State	
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LARUE, MERCEDES DESIR</b> <b>15880 W PRESTWICK PL</b> <b>MIAMI LAKES FL 33014</b>				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	<b>FL</b>	05

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 Sections 607 0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Name)  
(Signature) \_\_\_\_\_ (Name) (Registered Agent) (Signature) \_\_\_\_\_ (Name)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ALCHALABY, FAIQ K.	12 NAME					
STREET ADDRESS	15880 W PRESTWICK PL	13 STREET ADDRESS					
CITY, ST, ZIP	MIAMI FL	14 CITY, ST, ZIP					
TITLE	VTD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	AHMED, FARIS	22 NAME					
STREET ADDRESS	8225 LAKE DR #C203	23 STREET ADDRESS					
CITY, ST, ZIP	MIAMI FL	24 CITY, ST, ZIP					
TITLE	VPD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LARUE, MERCEDES DESIR	32 NAME					
STREET ADDRESS	15880 W PRESTWICK PL	33 STREET ADDRESS					
CITY, ST, ZIP	MIAMI LAKES FL	34 CITY, ST, ZIP					
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY, ST, ZIP		44 CITY, ST, ZIP					
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY, ST, ZIP		54 CITY, ST, ZIP					
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY, ST, ZIP		64 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 110.07(4)(b), 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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mercedes Desir Larue*      Mercedes Desir Larue      1-9-95      305 599 2633  
(Signature) \_\_\_\_\_ (Name) (Date) \_\_\_\_\_ (Telephone Number)