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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M16244

U.T.C. INTERNATIONAL, CORP.

| Principal Place o | f Rusiness | М | ailing Address | | | T 30 00 1 1 1 1 1 1 1 1 | | |
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| 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 | | |
| حلندجا يور | | | | | | 06/04/1985 | | |
| 2. Principal Plac | Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Applied For | |
| 21 | 26 | | | | | 59-2536580 | Not Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | E Cardifacto of Ciptus Desired | 5 Additional | |
| 22 | | | | | | ree Required | | |
| City & State | | | City & State | | | 1 | 00 May Be | |
| 23 | | 28 | | | | | ed to Fees | |
| Žip | Country | \perp | Zip | Cour | ntry | 8. This corporation owes the current year Intangible | Chia | |
| 24 | 25 | 29 | 3(| D | | Personal Property Tax. | □No | |
| | 9. Name and Address of Current | Regis | stered Agent | | 04 | 10. Name and Address of New Registered Agent | | |
| LADUE | - MEDOCIDEO DECID | • | | | 81 Name | | | |
| LARUE, MERCEDES DESIR | | | | ļ | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 15880 W PRESTWICK PL | | | | 1 | | | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| MIAMI | LAKES FL 33014 | | | | 83 | ा है। जिस कर किस कर है कि स्वार के दूरी है कि है क इस कि है कि है कि है कि | | |
| | • | | | | 84 City | | ip Code | |
| | • | | | | 1 | corporation submits this statement for the purpose of changing | · | |
| | gnature, typed or printed name of registered agent OFFICERS AND | | | egistered 13. | Agent signature re | equired when reinstating). ADDITIONS/CHANGES TO OFFICERS AND DIRECT | TORS IN 12 | |
| 12. | | , DIKI | DELETE | 1.1 TIT | LE I | | | |
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14. I hereby certify that the information supplied with this filling 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 exporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90020 014 ***150.00