

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000044032 (9)**

1. Corporation Name

URTI CORPORATION

Principal Place of Business

P.O. BOX 440851
MIAMI FL 33144

Mailing Address

P.O. BOX 440851
MIAMI FL 33144



2. Principal Place of Business

21 State, Apt. # of

22 City & State

23 Zip

24 Country

2a Mailing Address

26 (SAME)

27 State, Apt. # of

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/22/1993

3a. Date of Last Report

08/07/1995

4. FEIN Number

65-0417845

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

URTIAGA, CANDIDO M
40 NW 68TH AVE
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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Zip Code

11. Pursuant to the provisions of Sections 607 and 608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office
from the office located 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
further warranted to the obligor of Section 608, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

NAME

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DV
URTIAGA, CANDIDO M
40 NW 68TH AVE
MIAMI FL 33126
DP
BERON, MARIA E
10252 SW 27 ST
MIAMI FL 33165

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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☐ Change ☐ Addition

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 179.07(b)(2), Florida Statutes. I further
certify that the information indicated on this form 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name
appears on Block 12 or Block 13 of this report as required by the statute without an address.

SIGNATURE: *[Signature]* (VICE-PRESIDENT) D/V
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (305) 553-0228
Corporate Secretary

CR2E034 (12/95)