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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P93000058412 (6)

1. Corporation Name
ULTRA PUBLISHING SYSTEMS INCORPORATED



Principal Place of Business
2441 NW 93RD AVE
SUITE 108
MIAMI FL 33172

Mailing Address
2441 NW 93RD AVE
SUITE 108
MIAMI FL 33172-4800

2. Principal Place of Business 21 2620 W. 84th. St. State, Apt. #, etc. 22 City & State 23 Hialeah, FL 24 Zip 33016		2a. Mailing Address 26 2620 W. 84th. St. Suite, Apt. #, etc. 27 City & State 28 Hialeah, FL 29 Zip 33016		3. Date Incorporated or Qualified 08/20/1993		3a. Date of Last Report 04/22/1996	
				4. FEI Number 65-0436735		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			

9. Name and Address of Current Registered Agent PRICE, IRA B 9130 S DADELAND BLVD #1750 MIAMI FL 33156				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ (NOTE: Registered Agent's signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	WEAD, MICHAEL W	11 TITLE	D
STREET ADDRESS	8431 NW 197TH TER	12 NAME	WEAD, MICHAEL W
CITY-STATE-ZIP	MIAMI FL	13 STREET ADDRESS	4321 N.W. 3rd. St.
NAME	PARGO, ANTONIO	14 CITY-STATE-ZIP	Coconut Creek, FL 33066
STREET ADDRESS	4285 SW 152 AVENUE	21 TITLE	
CITY-STATE-ZIP	MIRAMAR FL	22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY-STATE-ZIP	
CITY-STATE-ZIP		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
NAME		41 TITLE	
STREET ADDRESS		42 NAME	
CITY-STATE-ZIP		43 STREET ADDRESS	
NAME		44 CITY-STATE-ZIP	
STREET ADDRESS		51 TITLE	
CITY-STATE-ZIP		52 NAME	
NAME		53 STREET ADDRESS	
STREET ADDRESS		54 CITY-STATE-ZIP	
CITY-STATE-ZIP		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do 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 included 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: _____ Antonio Pardo 03/20/97 (305)557-7751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone _____

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