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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 14 AM 11:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000077106 (1)**

1. Corporation Name
UNITED PACKAGING CORPORATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
~~233 N. FEDERAL HWY.~~ ~~#43~~ ~~DANIA FL 33004~~	~~233 N. FEDERAL HWY.~~ P.O. Box 501 ~~#43~~ DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business	2a. Mailing Address
21 8400 NW 52 St.	26 P.O. Box 501
Suite, Apt. #, etc. 22 # 211	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Dania FL
Zip / County 24 33166 / 25	Zip / County 29 33004 / 30

4. FEI Number: 65-0447695 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DESMORNES, JEAN D ~~233 N. FEDERAL HWY.~~ ~~#43~~ ~~DANIA FL 33004~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 8400 NW 52 St. 83 Suite 211 84 City: Miami FL 85 Zip Code: 33166

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. Each 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: X Desmornes Jean Daniel Desmornes X 7/11/95
Signature of new registered agent, if applicable — Typed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DESMORNES, JEAN D	12 NAME	
STREET ADDRESS	233 N. FEDERAL HWY., #43	13 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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 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: X Desmornes X 7/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Jean Daniel Desmornes

0076522 CP