## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 10 1997 8:00am Secretary of State

DOCUMENT #	P94000070327	(9)
The state of the state of		` '

URSULA, INC.

				4 100 410 410 100 100 100 100 100 100 10	######################################
Principal Plac	e c² Business	Mailing Address			
3341 NW 18TH TERR 3341 N.W. 18TH TERRACE MIAMI FL 33125 MIAMI FL 33125-1005 US				•	
				<ol> <li>Date Incorporated or Qualified 09/21/1994</li> </ol>	3a. Date of Last Report 06/21/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 334				65-0547623	Not Applicable
Suite, Apt		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	tr:	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p)	Country 25	Zip <b>29</b>	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🐼 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	ristered Agent
LUG	AO, URSULA		81 Name		
3341 N.W. 18TH TERRACE MIAMI FL 33125		82 Street A	eet Address (P.O. Box Number is Not Acceptable)		
min	(TII ) E 55 125		83		4.*
			84 City		FL 85 Zip Code
office or i	registered agent, or both, in the State on familiar with, and accept the obligation.	of Florida. Such changé was a	uthorized by the corp	corporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
	Begins vertige soo protectina in hij honde ge-		Hugislated Agent signature r		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
THEE	D LUCO UDOULA	<b>◯</b> DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	LUGO, URSULA 3341 N.W. 18TH TERRACE		1.2 NAME		
			1.3 STREET ADDRESS		
CHY-SI-ZIP TITU	MIAMI FL 33125	DELETE	1.4 CITY-ST-ZIP		Chance Addition
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information and sated 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 to stee 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:

NATURE AND TYPED OR PRINTED NAME OF INGNING DEFICER OR DIRECTOR

X2-/5-97 x3-5/638-9379