

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000080394 (7)**

1. Corporation Name

CUP ELECTRONICS, INC.



Principal Place of Business

~~2901 S. BAYSHORE DRIVE
SUITE 15E
MIAMI FL 33133~~

Mailing Address

~~100 SE SECOND ST 17TH FLOOR
MIAMI FL 33131~~

3. Date Incorporated or Qualified
11/02/1994

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **3115-B MARY ST.**

26 **3115-B MARY ST.**

4. FEI Number
65-0535268

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

City & State

City & State

23 **MIAMI, FL**

28 **MIAMI, FL**

24 **33133**

25 **USA**

29 **33133**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FRIEDHOFF, JOHN H
100 SE SECOND ST 17TH FLOOR
MIAMI FL 33131~~

81 Name **ULRIKE PORR**

82 Street Address (P.O. Box Number is Not Acceptable)
3115-B MARY ST

83

84 City **MIAMI**

FL

85 Zip Code **33133**

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. 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

Ulrike Porr

(NOTE: Registered Agent signature required when reinstating)

04-17-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
PORR, ULRIKE
2901 S. BAYSHORE DR. 15-E
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
PEPE, CAIO CESAR
2901 S. BAYSHORE DR. 15-E
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
**DV
PORR, ULRIKE
3115-B MARY ST.
MIAMI, FL 33133**

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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)(k), 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:

Ulrike Porr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-96 **(305) 445-9322**

Date Daytime Phone #

CR2E034 (12/95)