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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000012175 (2)

1. Corporation Name
U.P.T. INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2180 BRICKELL AVE. #3 MIAMI 33 33129 US	2180 BRICKELL AVE. #3 MIAMI 33 33129-2118 US

3. Date Incorporated or Qualified: 02/14/1995	3a. Date of Last Report: 08/05/1996
4. FEI Number: 65-0561494	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2180 BRICKELL AV.	26 2180 BRICKELL AV.
22 Suite, Apt. #, etc. #3	27 Suite, Apt. #, etc. #3
23 City & State MIAMI, FL.	28 City & State MIAMI, FL.
24 Zip 33129 / 25 Country U.S.A.	29 Zip 33129 / 30 Country U.S.A.

9. Name and Address of Current Registered Agent

USLAR-PIETRI, EVELYN
2180 BRICKELL AVE
#3
MIAMI FL 33129

10. Name and Address of ~~New~~ Registered Agent

81 Name: EVELYN S. USLAR-PIETRI
82 Street Address (P.O. Box Number is Not Acceptable): 2180 BRICKELL AV.
83 #3
84 City: MIAMI FL 85 Zip Code: 33129

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 ______
Signature, typed or printed 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 PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	USLAR-PIETRI, EVELYN	1.2 NAME	
STREET ADDRESS	2180 BRICKELL AVENUE STE. 3	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS C. TABER	2.2 NAME	
STREET ADDRESS	365 S.W. 25TH Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33129	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: 6/6/97 (305) 858-7773