

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90108 016 \*\*\*158.75

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|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P95000027267**

1. Corporation Name  
**UPSCALE WHOLESale, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>1678 NE 205 TERRACE<br/>MIAMI FL 33179<br/>US</b> | Mailing Address<br><b>3690 NE 195 LN<br/>SUITE 1000<br/>AVENTURA FL 33180<br/>US</b> |
|---|--|

DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>21</b><br>Suite, Apt. #, etc.<br><b>22</b><br>City & State<br><b>23</b><br>Zip<br><b>24</b> | 2a. Mailing Address<br><b>26</b><br>Suite, Apt. #, etc.<br><b>27</b><br>City & State<br><b>28</b><br>Zip<br><b>29</b> |
|--|---|

|   |  |  |
|---|--|--|
| 3. Date Incorporated or Qualified<br><b>04/03/1995</b>                          | 4. FEI Number<br><b>65-0577460</b>                       | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>            | \$8.75 Additional Fee Required                           |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees                              |  |
| 8. This corporation owes the current year Intangible Personal Property Tax.     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**KANTOR, CHARLES ESQ  
3690 NE 195 CT.  
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

|  |             |
|--|-------------|
| 81 Name  | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>3690 NE 195 Ct</b> |             |
| 83 City<br><b>Aventura, FL</b>   |             |
| 84 State<br><b>FL</b>  |             |

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

|   |                                 |
|---|---------------------------------|
| TITLE<br><b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME<br><b>KANTOR, LONNIE</b>               |                                 |
| STREET ADDRESS<br><b>1678 NE 205 TERR</b>   |                                 |
| CITY-ST-ZIP<br><b>MIAMI FL 33179</b>        |                                 |
| TITLE<br><b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME<br><b>KANTOR, BRIAN</b>                |                                 |
| STREET ADDRESS<br><b>1678 NE 205TH TERR</b> |                                 |
| CITY-ST-ZIP<br><b>MIAMI FL 33179</b>        |                                 |
| TITLE<br><b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME<br><b>KANTOR, CHARLES</b>              |                                 |
| STREET ADDRESS<br><b>1678 NE 205 TERR</b>   |                                 |
| CITY-ST-ZIP<br><b>MIAMI FL 33179</b>        |                                 |
| TITLE                                       | <input type="checkbox"/> DELETE |
| NAME  |                                 |
| STREET ADDRESS                              |                                 |
| CITY-ST-ZIP                                 |                                 |
| TITLE                                       | <input type="checkbox"/> DELETE |
| NAME  |                                 |
| STREET ADDRESS                              |                                 |
| CITY-ST-ZIP                                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I 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, with all other like empowered.

SIGNATURE:

**Lonnie Kantor**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/99** **305-999-9008**  
Date Daytime Phone #

CR2E034 (11/98)