

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

FILED

**Mar 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000055567 (8)
1. Corporation Name
ULTRASONIC APPLICATIONS, INC.



Principal Place of Business 1160 100TH STREET UNIT NO 1 BAY HARBOR ISLANDS FL 33154 CHANGED	Mailing Address 1160 100TH STREET UNIT NO 1 BAY HARBOR ISLANDS FL 33154-1520 CHANGED
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3. Date Incorporated or Qualified 07/17/1995	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0600849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1166 Kane Concourse Suite, Apt. #, etc. 22 #300	2a. Mailing Address 26 P.O. BOX 5982 Suite, Apt. #, etc.
23 BAY HARBOR FL City & State 24 33154 25 USA Zip Country	27 SURFSIDE, FL City & State 28 33154 29 USA Zip Country

g. Name and Address of Current Registered Agent BUCHBINDER & ELEGANT P.A. 48 SOUTHWEST FIRST STREET STE 400 MIAMI FL 33130	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD <input type="checkbox"/> DELETE	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE	
NAME EPSTEIN, MADALYN	12 NAME	12 NAME	
STREET ADDRESS 1160 100TH STREET UNIT NO 1	13 STREET ADDRESS 1166 KANE CONCOURSE STE 300	13 STREET ADDRESS	
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154	14 CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154	14 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE	
NAME	22 NAME	22 NAME	
STREET ADDRESS	23 STREET ADDRESS	23 STREET ADDRESS	
CITY-ST-ZIP	24 CITY-ST-ZIP	24 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE	
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY-ST-ZIP	34 CITY-ST-ZIP	34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE	
NAME	42 NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	
CITY-ST-ZIP	44 CITY-ST-ZIP	44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE	
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	
NAME	62 NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	
CITY-ST-ZIP	64 CITY-ST-ZIP	64 CITY-ST-ZIP	

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: Madaly Epstein **PSTD** 3-7-97 305-864-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)