

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

FILED  
May 19 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000055726 (0)**

1. Corporation Name

**UNIVERSAL PACKAGING EQUIPMENT & PARTS, INC.**



Principal Place of Business

Mailing Address

**6073 N.W. 167TH ST.  
SUITE C8  
MIAMI LAKES FL 33015**

**6073 N.W. 167TH ST.  
SUITE C8  
MIAMI LAKES FL 33015-4330**

3. Date Incorporated or Qualified <b>07/17/1995</b>	3a. Date of Last Report <b>02/27/1996</b>
4. FEI Number <b>65-0604958</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOAR, ROBERT M  
8532 S.W. 211TH TERRACE  
MIAMI FL 33189**

81 Name

**Hoar, Robert M**

82 Street Address (P.O. Box Number is Not Acceptable)

**9264 SW 21st Ter**

83

84 City

**Miami**

**FL**

85 Zip Code

**33189**

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 <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOAR, PETER</b>		1.2 NAME	
STREET ADDRESS <b>9264 SW 212TH TER</b>		1.3 STREET ADDRESS	
CITY- ST- ZIP <b>MIAMI FL</b>		1.4 CITY- ST- ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GONSALVES, NOEL O</b>		2.2 NAME	
STREET ADDRESS <b>15920 SEDGWICK CIRCLE S</b>		2.3 STREET ADDRESS	
CITY- ST- ZIP <b>DAVIE FL</b>		2.4 CITY- ST- ZIP	
TITLE <b>MD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOAR, MATTHEW ROBERT</b>		3.2 NAME	
STREET ADDRESS <b>9264 SW 212TH TERR MIAMI, FL</b>		3.3 STREET ADDRESS	
CITY- ST- ZIP <b>MIAMI FL</b>		3.4 CITY- ST- ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GONSALVES, MEGAN</b>		4.2 NAME	
STREET ADDRESS <b>15920 SEDGWICK CIRCLE S</b>		4.3 STREET ADDRESS	
CITY- ST- ZIP <b>DAVIE FL</b>		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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:

*Robert M. Hoar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27

305-821-5001

CR2E034 (9/96)