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FILED

May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000030973 (7)

1. Corporation Name  
UBASCO, INC.



Principal Place of Business

15 SIDONIA AVENUE  
SUITE 2

CORAL GABLES FL 33134-3449

Mailing Address

15 SIDONIA AVENUE  
SUITE 2

CORAL GABLES FL 33134-3449

3. Date Incorporated or Qualified

04/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 701 Brickell Key Blvd

2a. Mailing Address

26 #604 (same as 2)

4. FEI Number

65-0660765

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #604 c/o Mark Hankins

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

23 Miami, FL 33131

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.

15 SIDONIA AVENUE

SUITE 2

CORAL GABLES FL 33134-3449

10. Name and Address of New Registered Agent

81 Name

Florida Incorporators, Inc.

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

1221 Brickell Ave #900

83

84 City

Miami, FL 33131

FL

85 Zip Code

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 *Mark Hankins* Mark Hankins, President

4/21/97

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 ☐ DELETE  
NAME Director  
STREET ADDRESS Urs E. Senn  
CITY-ST-ZIP Niederhaslistrasse 6  
CH-8105 Watt Switzerland

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Urs E. Senn* Urs E. Senn

4/20/97

305-371-2136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/95)