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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 # P96000062372

1. Corporation Name
U-COPY , INC.

Principal Place of Business / Mailing Address
12148 ST. ANDREWS PLC. SUITE 105
MIRAMAR , FLORIDA 33025

3. Date Incorporated or Qualified: JUL 25, 1996
3a. Date of Last Report:

2. Principal Place of Business
21 12148 St Andrews Plc
22 Suite, Apt. #, etc.: 105
23 City & State: MIRAMAR, FLORIDA
24 Zip: 33025
25 Country: BROWARD

2a. Mailing Address
26 12148 St.Andrews Plc
27 Suite, Apt. #, etc.: 105
28 City & State: MIRAMAR, FLORIDA
29 Zip: 33025
30 Country: BROWARD

4. FEI Number: 65-0683039 ☐ 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

9. Name and Address of Current Registered Agent
ANNA VELASQUES
19873 N.W. 65 CT.
MIAMI, FLORIDA 33015

10. Name and Address of New Registered Agent
81 Name: ANNA VELASQUES
82 Street Address (P.O. Box Number is Not Acceptable): 12148 St. Andrews Plc. #105
83
84 City: Miramar **FL** 85 Zip Code: 33025

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: A Velasquez ANNALYN VELASQUEZ 9/15/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ANNA VELASQUES 19873 N.W. 65 Ct. MIRAMAR FLORIDA 33015-0000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SECRETARY DINA BRICHAUX 12148 St. Andrews Plc. #105 MAIRAMAR, FLORRIDA 33025
				☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT JOSE SOUZA 12148 St. Andrws PL. MIRAMAR, FLORIDA 33025	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DINA BRICHAUX 12148 St. Andrews PLc. 105 MIRAMAR, FLORIDA 33025	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	500002298455 -09/19/97--01106--004 ***550.00
				☐ Change ☐ Addition

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 added in connection with an address.

SIGNATURE: A JOSE SOUZA. 9-15-97 (954) 442-0453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #