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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094023 (4)

UST INTERNATIONAL, INC.

Principal Plac 7110 NW 4TH BOCA RATON	AVE	Mailing Address 7110 NW 4TH AVE BOCA RATON FL 33487-2350							
						3. Date Incorporated or Qualified 11/13/1996	3a. Da	ate of Last I	Report
<u> </u>	lace of Business	2a. Mailing Address 26			4. FEI Number 65 • 0519543			Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Not Applicable  Additional	
22		27			5. Certificate of Status Desired			Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip 29	Zip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre		1001			10. Name and Address of New Re			
HEN	ITHORN, HAROLD A		8	31	Name		-		
711	O NW 4TH AVE		82 Street Ad			ress (P.O. Box Number is Not Acceptab	ıle)		
B00	CA RATON FL 33487								
				33					
1991, V.	. 110		€	34	City		FL	<b>85</b> Zip	Code
		02 and 607.1508, Florida Statu	ites, the abo	ove-i	named corp	poration submits this statement for the pation's board of directors. I hereby acceptions			its registered
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.0505, F	lorida Statu	tes.	ine corporat	Johns board of directors. Thereby accep	it the app	outment a	s regisiereu
SIGNATURE	Signalure, typed or printed hame of registered as	ANO sold fills if an o'control	TE: Equiplered	Accel	Leianatura rapui	rod when reinstating)	DATE		
12.		ND DIRECTORS	13.	Ageni	signature requir	ADDITIONS/CHANGES TO OFFIC		D DIRECTO	DRS IN 12
TITLE	DPST	☐ DELETE		11 TITLE				Change	
NAME	HENTHORN, HAROLD A		1.2 NAME						
STREET ADDRESS	7110 NW 4TH AVE		1.3 STREET		DDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP		ZIP			<del></del>	
TITLE			2.1 TITL					☐ Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		1	•	•		
TITLE		DELETE		2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition
NAME	<del></del>			32 NAME				L.J. Ullange	
STREET ADDRESS			3.3 STR	EET AS	ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y- \$1.	-ZIP				
TITLE		☐ DELETE	4.1 TITLE		-			Change	Addition
NAME			4. 2 NAM	ME					
STREET ADDRESS			4.3 STREET ADDRE		.DDRESS				
CITY-ST-ZIP	`		4.4 CITY	4.4 CITY - ST - ZIF				_	
TITLE	**	DELETE	5.1 TITL	5.1 TITLE				Change	■ Addition
NAME			5.2 NAN	ΛE					
STREET ADDRESS			5.3 STRI	EET AS	DDRESS				
CITY-ST-ZIP		Dr. Fre	5.4 C(TY		ZIP				2.100
TITLE		☐ DELETE	61 THE		1			L Change	Addition
NAME			6.2 NAM						
STREET ADDRESS			6.3 STR		ADDRESS			`	
rity.ct.7ID	•				2103		,		

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 eath; 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.