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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094023 (4)

UST INTERNATIONAL, INC.

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					- I FOOLINDIA HIO LOHAN OLILLI BOLLA DELLA	MARIE MALLE FALLE MEDIE MALLE	H aad han h ab a
1152 N. UNIVERSITY DRIVE 1152 N. UNIVERSITY D							
SUITE 202 SUITE 202							
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	ł	
2. Principal Pi	lace of Business	2a. Mailing Address			11/13/1996 4. FEI Number		and a Far
21		26			65-0519543		Applied For Not Applicable
Suite, Apt. #, etc. Suite, Ap			t. #, etc.			CO 75	Additional
27					5. Certificate of Status Desired		Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country Zip		Countr	У	8. This corporation owes or has paid the current year Intangible		
24	25 9. Name and Address of Cur	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
MAZA		rrent Hegistered Agent	81	Name	10. Name and Address of New H	legistered Agent	v- <u>* </u>
	NRNER, JACK D		Ľ	TABILIE			
1152 N. UNIVERSITY DRIVE 2ND FLOOR				Street Addir	ess (P.O. Box Number is Not Accepta	abie)	
PEMBROKE PINES FL 33024				d	T MIN T		
FEMIDITURE FINES PL 33024				1			
			84	City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.	0502 and 607.1508. Florida Sta	tutes, the abov	/e-named.com	poration submits this statement for the		its registered
office or re	egistered agent, or both, in the St	tate of Florida. Such change wa	s authorized b	y the corporati	oration submits this statement for the ion's board of directors. I hereby according to the control of the contr	ept the appointment a	s registered
	m lamiliar with, and accept the ot	Anganons or, accion 607.0005,	riorida Statute	75 .			
SIGNATURE .	Signature, typed or printed name of registered	A growt and title if applicable (A	IOTE: Registered Ap	gent signature require	ed when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
TITLE	DPST DELETE		1.1 TITLE			Change	Addition
NAME			1.2 NAME				
STREET ADDRESS 1152 N. UNIVERSITY DRIVE, SUITE 202			1.3 STREE	T ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE		DELETE	2.1 TITLE	Ì		Change	Addition
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	DELETE		2. 4 CiTY-	ST-ZIP		F7 05	
TITLE NAME	DETER		3.1 TITLE			L Change	L_ Addition :
STREET ADDRESS			3.2 NAME	T ADDDECC			
CITY-ST-ZIP			3.3 STREE 3.4. CITY -	T ADDRESS			
TITLE		DELETE	4.1 TITLE	21* ZIF		Change	Addition
NAME		_	4. 2 NAME			ogo	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY -				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-7IP			
TITLE		☐ DELETE	61 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	T ADDRESS			
CITY-ST-ZIP	artification the inferror	duration for the form	6.4 CITY-		6 110 05/0\/		
indicated o	o n this a nnual report or suppleme	ental annual report is true and a	ccurate and th	iat my sionatur	Section 119.07(3)(i), Florida Statutes, re shall have the same legal effect as	if made under oath: th	natlam an I
Onicerord	director of the corporation or the r or Block 13 if cha <u>nde</u> d, or on an a	eceiver or trastec empowerea t	o execute triis	report as requ	aireo by Chapter 607, Florida Statutes	; and that my name ar	opears in
		The state of the s	26	14 E.S	EN BERG ,		İ