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## **FILED** PROFIT Jan 14 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT # S04832** (9)UNITED CHEMICALS, INC. Principal Place of Business Mailing Address 7355 SW 96TH STREET 7355 SW 96 STREET MIAMI FL 33156-2925 MIAMI FL 33156 3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1996 10/04/1990 Principal Place of Business 2a. Maiting Address 4. FEI Number Applied For 65-0255496 21 26 Not Applicable Suite, Apt #, etc. Suite; Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zib Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes 🗌 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BHANSALI, ANDY 7355 SW 96 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 84 City 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 typed or pr ted name of registered agent and little if applicable Registered Agent signature rec ed when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VSD DELETE Chance TITLE 1.1 TITLE BHANSALI, ANAND MAME 1.2 MAME 7355 SW 96 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CJTY - ST - ZP DELETE TITLE 2.1 TITLE Change Addition BHANSALI, MEENU 2.2 NAME 7355 SW 96 STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2.4 OffY-ST-20 CITY-ST-ZIP DELETE 3 1 TITLE Addition MAUF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-\$T-ZTP DELETE Change Addition TOTALE 4.1 TITLE 52654E 4 2 14515 STREET ADDRESS 4.3 STREET ADDRESS 4.4 DITY - ST - ZIP CITY-ST-2IP DELETE TITLE 5.1 TITUE Change \_\_\_ Addition MAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETÉ TITLE 6.1 TITLE Change Addition

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6.3 STREET ADDRESS

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14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the Tam an officer or director of the corporation and that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the lam an officer or director of the corporation at 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 3 if chapter 607, er on an attachment with an address.

CR2E034 (9/96)