

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 9:10

DOCUMENT # S86713 (2)

1. Corporation Name

UTILITY RESOURCES OF AMERICA INCORPORATED

Principal Place of Business

9450 SW 72ND STREET
SUITE #200-BB
MIAMI FL 33173
US

Mailing Address

9450 SW 72ND ST.
SUITE #200-BB
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1991

3a. Date of Last Report

11/07/1994

4. FEI Number

65-0296432

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

2. Principal Place of Business

21 9450 SW 72nd Street

Suite, Apt. #, etc.

22 207

City & State

23 Miami, FL

Zip

24 33173

Country

25 U.S.A.

26. Mailing Address

26 9450 SW 72nd Street

Suite, Apt. #, etc.

27 207

City & State

28 Miami, FL

Zip

29 33173

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SANABRIA, EDUARDO JOSE
12350 N.W. 11 LANE
MIAMI FL 33182

10. Name and Address of New Registered Agent

81 Name

82 SANABRIA, EDUARDO JOSE

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

83 14514 SW 57 Terrace

84

City

85 Miami

FL

Zip Code

33183

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SANABRIA, EDUARDO J.
STREET ADDRESS 5401 COLLINS AVE., #1430
CITY - ST - ZIP MIAMI BCH. FL

TITLE VD
NAME SANABRIA, ANA MARIA
STREET ADDRESS 5401 COLLINS AVE., #1430
CITY - ST - ZIP MIAMI BCH. FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 new an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/06/95

Date

305-270-2497

Telephone Number