

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S91824 (0)**

1. Corporation Name  
**UNITED TURBINE, CORP.**



Principal Place of Business: **8045 NW 90TH ST MEDLEY FL 33166 US**  
Mailing Address: **8045 NW 90TH ST MEDLEY FL 33166 US**

3. Date Incorporated or Qualified: **11/04/1991**  
3a. Date of Last Report: **02/14/1995**  
4. FEI Number: **65-0293454**  
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 (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Subj. Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CANAL, JOSE A.  
8045 NW 90TH ST  
MEDLEY FL 33166**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	P	2. NAME	MOZZAYANPOUR, ALI	3. DELETE	<input type="checkbox"/>
4. STREET ADDRESS	1871 SW 81 AVE	5. CITY - ST - ZIP	DAVIE FL		
6. TITLE	VP	7. NAME	CANAL, JOSE	8. DELETE	<input type="checkbox"/>
9. STREET ADDRESS	6909 S.W. 147 PL.	10. CITY - ST - ZIP	MIAMI FL		
11. TITLE	VP	12. NAME	MONTES, GERONIMO	13. DELETE	<input type="checkbox"/>
14. STREET ADDRESS	14240 SW 39 ST	15. CITY - ST - ZIP	MIAMI FL		
16. TITLE		17. NAME		18. DELETE	<input type="checkbox"/>
19. STREET ADDRESS		20. CITY - ST - ZIP			
21. TITLE		22. NAME		23. DELETE	<input type="checkbox"/>
24. STREET ADDRESS		25. CITY - ST - ZIP			
26. TITLE		27. NAME		28. DELETE	<input type="checkbox"/>
29. STREET ADDRESS		30. CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		2. NAME		3. CHANGE	<input checked="" type="checkbox"/>	4. ADDITION	<input type="checkbox"/>
5. STREET ADDRESS	11950 SW 15 COURT	6. CITY - ST - ZIP	DAVIE, FL 33325				
7. TITLE		8. NAME		9. CHANGE	<input type="checkbox"/>	10. ADDITION	<input checked="" type="checkbox"/>
11. STREET ADDRESS		12. CITY - ST - ZIP	MIAMI, FL 33193				
13. TITLE		14. NAME		15. CHANGE	<input type="checkbox"/>	16. ADDITION	<input checked="" type="checkbox"/>
17. STREET ADDRESS		18. CITY - ST - ZIP	MIAMI, FL 33175				
19. TITLE		20. NAME		21. CHANGE	<input type="checkbox"/>	22. ADDITION	<input type="checkbox"/>
23. STREET ADDRESS		24. CITY - ST - ZIP					
25. TITLE		26. NAME		27. CHANGE	<input type="checkbox"/>	28. ADDITION	<input type="checkbox"/>
29. STREET ADDRESS		30. 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 119.07(3)(k), 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 officer 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 attached sheet with an address.

SIGNATURE: *Geray Montes* **GERAY MONTES** 2-14-96 (205) 885-3900

CR2E034 (12/95)