

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V15459** (3)

1. Corporation Name

UNITED FACTORIES CORPORATION, USA INC.

Principal Place of Business

**2485 E. SUNRISE BLVD.
SUITE 203
FT. LAUDERDALE FL 33304
US**

Mailing Address

**2485 E. SUNRISE BLVD.
SUITE 203
FT. LAUDERDALE FL 33304
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

30

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

3. Date Incorporated or Qualified

02/20/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0310668

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, title, street address, city, state, and zip code of registered agent.

Signature, typed or printed name, title, street address, city, state, and zip code of registered agent.

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
	NEILS, ALBERT	1417 MIDDLE RIVER DRIVE	FT. LAUDERDALE FL	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-STATE-ZIP
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-STATE-ZIP
25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY-STATE-ZIP
29. TITLE	30. NAME	31. STREET ADDRESS	32. CITY-STATE-ZIP
33. TITLE	34. NAME	35. STREET ADDRESS	36. CITY-STATE-ZIP
37. TITLE	38. NAME	39. STREET ADDRESS	40. CITY-STATE-ZIP
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-STATE-ZIP
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85. TITLE	86. NAME	87. STREET ADDRESS	88. CITY-STATE-ZIP
89. TITLE	90. NAME	91. STREET ADDRESS	92. CITY-STATE-ZIP
93. TITLE	94. NAME	95. STREET ADDRESS	96. CITY-STATE-ZIP
97. TITLE	98. NAME	99. STREET ADDRESS	100. CITY-STATE-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 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/20/96 ✓ 954/565-1317

CR2E034 (12/95)