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FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33304-3100  
US

3. Date Incorporated or Qualified

02/20/1992

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business  
21 1674 ALTON ROAD

2a. Mailing Address  
26 1674 ALTON ROAD

Suite, Apt. #, etc.  
22 500

Suite, Apt. #, etc.  
27 500

City & State  
23 MIAMI BEACH, FL

City & State  
28 MIAMI BEACH, FL

Zip  
24 33139

Country  
25 U.S.A.

Zip  
29 33139

Country  
30 U.S.A.

9. Name and Address of Current Registered Agent

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

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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME NEILS, ALBERT  
STREET ADDRESS 1417 MIDDLE RIVER DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P-VP ☐ Change ☒ Addition

1.2 NAME PATRICK ABRAHAM

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE A SEC ☐ Change ☒ Addition

2.2 NAME ALBERT NEILS  
2.3 STREET ADDRESS 1417 MIDDLE RIVER DRIVE  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33304

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

0260003

CR2E034 (9/96)