FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V33923

(6)

Mailing Address

UNIVERSAL MOTION PRODUCTS CORP.

FILED

Jun 02 1997 8:00am

Secretary of State

3004 NW 82ND AVE MIAMI FL 33122 US		POST OFFICE BOX 522048 MIAMI FL 33152-2048 US						
					3. Date Incorporated or Qualific 05/01/1992		te of Last R 16/1996	eport
2. Principal Place of E		2a. Mailing Address					Ar	oplied For
	. 40th GTREET	26 SAME AS A	bove		65-0342676			ot Applicable
Suite, Apt. #, etc. 22 2 H		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23 MIAMI, I	FLORIDA	City & State			Election Campaign Financing Trust Fund Contribution	<u> </u>		May Be to Fees
Ziρ 24 33/55	Country 25	Zip 29	Coun 30	try	This corporation has liability Florida Statutes	or intangible	_	. 199.032,
9, Na	ame and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered A	lgent	
Ferreira,	ARTURO			Name	FERREIRA ARTURO			
3004 NW 82ND AVENUE MIAMI FL 33122			1	Street Address (P.O. Box Number is Not Acceptable) 6262 S. W. 4044 STREET				
••••••••••••••••••••••••••••••••••••••			Ē	2	suite Nº 2H			
					MIAMI	FL	33/	Code クラス
11. Pursuant to the proffice or registere agent. Lam familia	revisions of Sections 607.050 of agent, or both, in the State ar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was a pations of, Section 607.0505, Flo	es, the abo authorized orida Statu	ove-named co by the corpora tes.	rporation submits this statement for th ation's board of directors. I hereby ac	e purpose of cept the appo	changing II ointment as	is registered registered
Signation	typed or printed name of registered ag	ent and one it applicable. (NOT	E Registered	Agent a gnature req	uired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
ταιε Ρ		DELETE	1,1 TH L	E			Change	Addition
	EIRA, ARTURO		1.2 NAM	!E	_			
Other Habiteds (NW 82ND AVENUE		1.3 SIR	EET ADORESS	6262 S.W. 40+4 ST	N= 2H		
CITY - ST - ZIP MIAM	I FL		1.4 CITY	r-ST-ZIP	MIANI, FL 33155	· · · · · · · · · · · · · · · · · · ·		
TITLE		DELETE	2.1 TITL	E			Change	Addition
NAME			2.2 NAM	1E				
STREET ADDRESS			23 STR	EET ADDRESS				
CITY: ST-ZiF			2.401	Y-ST-ZIP				
THEF		☐ DELETE	31 TI"L	E			Change	
NAME			3.2 NAN	1E				
STREET ADDRESS			3.3 STR	EET ADDRESS				
CHY-S1-ZIF			3.4. CIT	Y - ST - ZIP				
TITLE		☐ DELETE	4.1 TiTL	E			Change	Addition
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STREET ADORESS			4.3 STR	EET ADDRESS				
CITY+ST+ZIP			4.4 CITY	r-ST-ZIP				
THLE		☐ DELETE	5.1 TIYL				Change	Addition
NAME			5.2 NAN	AE Ì				
STREET ADDRESS			5.3 STR	EET ADDRESS				
CHY-ST ZIP			1	r-st-zip				
TILE		DELETE	6.1 TITE			····	Change	Addition
NAME			6.2 NAM				• •	
				EET ADDRESS				
STREET ADDRESS			0.3 314	LET AUDITESS				

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 efficer or director of the corporation of 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 an attackment with an address.

SIGNATURE: