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Feb 12 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 # **V34780** (9)
1. Corporation Name
UNITED EXPORTERS SERVICE, INC.



Principal Place of Business Mailing Address
6190 WOODLANDS BLVD **6190 WOODLANDS BLVD**
STE 207 **STE 207**
FT LAUDERDALE FL 33319 **FT LAUDERDALE FL 33319-2573**

3. Date Incorporated or Qualified **05/06/1992** 3a. Date of Last Report **12/18/1996**
4. FEI Number **61-1158329** 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 2a. Mailing Address
21 Suite Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

CHANG, CHARLES H.
6190 WOODLANDS BLVD
STE 207
FT LAUDERDALE FL 33319

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	PCD	<input type="checkbox"/> DELETE
NAME	CHANG, CHARLES H	
STREET ADDRESS	6190 WOODLANDS BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHANG, CHARLES Y	
STREET ADDRESS	6190 WOODLANDS BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHANG, HSIAU-HU	
STREET ADDRESS	8/F-3, 19 TA CHON STREET	
CITY-ST-ZIP	TAI-CHUNG CITY, TAIWAN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHANG, LILIAN L	
STREET ADDRESS	8/F-3, 19 TA CHON STREET	
CITY-ST-ZIP	TAI-CHUNG CITY, TAIWAN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	CHANG ALICE Y
2.4 CITY-ST-ZIP	6190 WOODLANDS BLVD FT LAUDERDALE FL 33319
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles H. Chang (PCD) 2-15-97 (954) 720-8940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006635

CR2E034 (9/96)