

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:17

DOCUMENT # V68307 (0)
1. Corporation Name
ULTRA INVESTORS, INC.

Principal Place of Business: **1422 SW 28 CT MIAMI FL 33144 US**
Mailing Address: **1422 SW 82 CT MIAMI FL 3314 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1992** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0367425** 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** **22** City & State: **23** **24** Zip: **25** Country: **26** Mailing Address: **27** **28** City & State: **29** **30** Zip: **31** Country: **32**

9. Name and Address of Current Registered Agent: **UNZUETA, RICHARD M. 1422 SOUTHWEST 82ND COURT MIAMI FL 33144**
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 of Registered Agent) _____ (Signature of Corporation Officer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	UNZUETA, RICHARD M. 1422 SOUTHWEST 82ND CRT. MIAMI FL	1. TITLE: PD	UNZUETA, RICHARD M. P.O. BOX 557297 MIAMI, FL 33255-7297 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2. NAME:	
STREET ADDRESS:		3. STREET ADDRESS:	
CITY, ST, ZIP:		4. CITY, ST, ZIP:	
TITLE:		5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. NAME:	
STREET ADDRESS:		7. STREET ADDRESS:	
CITY, ST, ZIP:		8. CITY, ST, ZIP:	
TITLE:		9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME:	
STREET ADDRESS:		11. STREET ADDRESS:	
CITY, ST, ZIP:		12. CITY, ST, ZIP:	
TITLE:		13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY, ST, ZIP:		16. CITY, ST, ZIP:	
TITLE:		17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY, ST, ZIP:		20. CITY, ST, ZIP:	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I further certify that this 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addition.

SIGNATURE: _____ (Signature of Signing Officer or Director) **03/12/95 (305) 264-3635**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR