

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
LARRY B. McINNES  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:21

DOCUMENT # 641094 (8)

1. Corporation Name  
**UNIFAM FIVE, INC.**

Principal Place of Business: **\*MIKE SEGAL BROAD&CASSEL COURTHOUSE CENTER 175 NW 1 AVE. SUITE 2000 MIAMI FL 33128-9965**  
Mailing Address: **\*MIKE SEGAL BROAD&CASSEL COURTHOUSE CENTER 175 NW 1 AVE. SUITE 2000 MIAMI FL 33128-9965**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>09/19/1979</b>	3a. Date of Last Report <b>04/12/1994</b>
4. FEI Number <b>59-1953282</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <b>Mike Segal Broad &amp; Cassel</b>	2a. Mailing Address 26. <b>201 South Biscayne Blvd.</b>
22. <b>Suite 3000, Miami Center</b>	27. <b>Suite 3000, Miami Center</b>
23. <b>Miami, Florida</b>	28. <b>Miami, Florida</b>
24. Zip <b>33131</b>	25. Country <b>USA</b>
29. <b>33131</b>	30. <b>USA</b>

9. Name and Address of Current Registered Agent <b>SEGAL, PHILIP M. BROAD&amp;CASSEL COURTHOUSE CENTER 175 NW 1 AVE. SUITE 2000 MIAMI FL 33128-9965</b>		10. Name and Address of New Registered Agent	
81. Name <b>Segal, Philip M. Broad &amp; Cassel Miami Center</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>201 South Biscayne Blvd. Suite 3000</b>	83.	84. City <b>Miami</b>
		85. FL	85. Zip Code <b>33131</b>

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGAL, MIKE	1.2 NAME	
STREET ADDRESS	175 NW 1 AVE.SUITE 2000	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, HENRY	2.2 NAME	
STREET ADDRESS	175 NW 1 AVE.SUITE 2000	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GAIL	3.2 NAME	
STREET ADDRESS	175 NW 1 AVE.SUITE 2000	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.02(3)(g), Florida Statutes. I further certify that the information included 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 orally. 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 of this report, or is an addendum with an address.

SIGNATURE: *Gail Cohen* Gail Cohen  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR