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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 681675

(5)

UNIQUE PRODUCERS SERVICE, INC.

Principal Place of Business Mailing Address						
·	19TH AVENUE	13815 N.W. 19TH A	ing actoress 13815 N.W. 19TH AVENUE OPA LOCKA FL 33054			
					3. Date Incorporated or Qualified 3a. 08/11/1980	Date of Last Report 06/14/1995
2, Principal Piac 21	ce of Business	2a. Mailing Address 26			4. FEI Number 59-2020927	Applied For Not Applicable
	· · · · · · · · · · · · · · · · · · ·		Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
!3 Zp	Country	28 Zip	Count	ry	8. This corporation has liability for intangit	Added to Fees ble tax under s 199.032,
24	25	29	30		Florida Statutes Yes \(\subseteq \)	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	red Agent
DODEDI	LV FITZOILIMONO FOO		8			
	r V. Fitzsimmons esq Jnset dr		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE A-145			8	3		
MIAMI F	EL 33009		8	4 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Statu	les, the above	named corpo	ration submits this statement for the numose of	of changing its registered office
or registerer familiar with	d agent, or both, in the State of Flo i, and accept the obligations of, Sec	rida. Such change was authori, ction 607.0505, Florida Statute	zed by the coi s.	poration's bo	ard of directors. I hereby accept the appointmen	nt as registered agent. I am
SIGNATURE :						
	ly vilous, typical or product name, of registered age			ent signature requi	red when reinstating) DA	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
1r1, F		DELETE	1. 1 TiTL			Change Addition
NAME	JONES, DARRELL		1.2 NAM			
STREET ACORESS	13815 NW 19TH AVE		1.3 STRE	EL ADDRESS		
CL x St ZIP	OPA LOCKA FL		1.4 CITY	- ST - ZIP		
TITE .		☐ DELETE	2 1 TITL			Change Addition
NAM!			2.2 NAM			
CHELLE ACTORESS			2 3 STRE	ET ADDRESS		
Colly St 20:			240114	-SI - ZIP		
Tillif		☐ DELF1E	3 1 THL			Change Addition
MAME			3.2 NAM			
S 8811 400 958S			3 3 STRE	ET ADDRESS		
04Y-51 ZIF			3.4 CITY	ST - ZIP		
101E		DEFE 18	4. 1 THEL	;		Change Addition
NAME			4.2 NAM			
SPREET ADDRESS			4.3 STRE	FI ADDRESS		
City - ST-7/P			4.4 CITY	S1-ZIP		
'm:		☐ DELETE	5 1 ไม่ไป			Change Addition
NAME:			5.2 NAMI			
SIRB LADDRESS			53 STRE	E1 ADDRESS		
(01) S1-70°			5.4 City	ST - 7IF		
11113		☐ DELF1E	6 1 TiTu	T T		Change Addition
M/MF			6.2 NAMI			
STRULL ADDRESS			63 STHE	T ADDRESS		
OHY ST-ZHI			6.4 CITY	S1-71P		
oerlify that t oath, that L	the information indicated on this ani	nual report or supplemental and poration or the receiver or truste	nual report is t se empowered	rue and accur	for the exemption stated in Section 119.07(3)/k rate and that my signature shall have the same I his report as required by Chapter 607, Fiorida S	egal effect as if made under

SIGNATURE: ~

GNATURE AND TYPED OR PRINTED YAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (305)681-7627