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

officer or director of the conforation

**PROFIT** Apr 13 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F20058 (6) UNIVERSAL ALLIANCE CORP. Principal Place of Business Mailing Address -10725 SW 104TH ST -10725 SW 104TH ST MIAMI FL 33176 -MIAMI-FL 33176 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 02/17/1981 2. Principal Place of Business Mailing Address
1208 Sws8 AL 4. FEI Numbei Applied For Sw 58 Not Applicable 59-2050972 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & Stato City State \$5.00 May Be 6. Election Campaign Financing Ρe. 23 Trust Fund Contribution Added to Fees Country Country Zip 3 3/1 6 8. This corporation owes or has paid the current year Intangible 3156 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEBOSS, L GARY 10725-9.W. 104TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) ·MIAMITE 33176\* 83 84 City Mann Sions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered type, 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 with, and accept the obligations of, Section 607.0506, Florida Statutes. 11. Pursuant to the pro 4.3.98 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change DELETE Addition 1.1 TITLE TITLE NAME LE BOSS, L GARY 1.2 NAME 10725 S.W. 104TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information demental armual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an I be receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in an address. 14. I hereby certify that the information indicated on this annual report of st

4-3.88

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