

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

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**Jan 17 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 # L71048 (7)**

1. Corporation Name  
**UNIQUE SOUTHGATE DEVELOPMENT CORP.**



Principal Place of Business: **% JOSE RAMON BOSCHETTI  
2901 S.W. 8TH ST., SUITE 204  
MIAMI FL 33135**

Mailing Address: **% JOSE RAMON BOSCHETTI  
2901 S.W. 8TH ST., SUITE 204  
MIAMI FL 33135-2850**

3. Date Incorporated or Qualified: **05/08/1990**      3a. Date of Last Report: **01/24/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: <b>59-2203219</b>		Applied For	
21. Suite, Apt #, etc		26. Suite, Apt #, etc.				Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BOSCHETTI, JOSE RAMON 2901 SW 8TH ST. SUITE 204 MIAMI FL 33135</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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 fee if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSCHETTI, RAFAEL J.</b>	1.2 NAME	
STREET ADDRESS	<b>2901 SW 8TH ST #204</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP- SEC- TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOSCHETTI, JOSE R.</b>	2.2 NAME	
STREET ADDRESS	<b>2901 SW 8TH ST #204</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERUFF, GONZALO</b>	3.2 NAME	
STREET ADDRESS	<b>2901 SW 8TH ST #204</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 of this filing as an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1/17/97** DAYTIME PHONE # **305 5417100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)