FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:21

DOCUMENT # **N25133** **(2)**

1. Corporation Name
UNI-GROUP USA, INC.

Principal Place of Business	Mailing Address
4362 NORTHLAKE BLVD., SUITE 109 PALM BEACH GARDENS FL 33410 As of May 1, 1995 Suite No. changes to 207	4362 NORTHLAKE BLVD., SUITE 109 PALM BEACH GARDENS FL 33410 As of May 1, 1995 Suite No. changes to 207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0107002 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CIKLIN, ALAN J.
NORTHBRIDGE TOWER I, 19TH FLOOR
515 NORTH FLAGLER DRIVE
W. PALM BEACH FL 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	HALITOV, GREGORY	1.2 NAME		
STREET ADDRESS	7187 INTERPACE RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	same	☑ Change ☐ Addition
NAME	STREETER, CHERYL	2.2 NAME	same	
STREET ADDRESS	~~21421 E. TRUMAN RD.~~	2.3 STREET ADDRESS	601 N.E. Pavestone Dr.	
CITY-ST-ZIP	~~INDEPENDENCE MO~~	2.4 CITY-ST-ZIP	Lee's Summit, MO 64064	
TITLE	PD	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	LAWRENCE, NICOLAL	3.2 NAME	Hugh Jones	
STREET ADDRESS	232 LEXINGTON ST	3.3 STREET ADDRESS	2405 N.E. 244th Ave.	
CITY-ST-ZIP	WALTHAM MA	3.4 CITY-ST-ZIP	Wood Village, OR 97060	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory Halitov 9/25/95 (407) 844-5202
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0011937