

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

**FILED**  
**May 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P40293 (3)**

1. Corporation Name  
**UNIVERSAL HEIGHTS, INC.**



Principal Place of Business <b>19589 NE 10TH AVE                  MIAMI FL 33179                  US</b>	Mailing Address <b>19589 NE 10TH AVE                  MIAMI FL 33179                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2875 NE 191 ST.</b> Suite, Apt. #, etc. 22 <b>SUITE 400 A</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33180</b>	2a. Mailing Address 26 <b>2875 NE 191 ST.</b> Suite, Apt. #, etc. 27 <b>SUITE 400 A</b> City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33180</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>09/01/1992</b>	4. FEI Number <b>65-0231984</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEIER, BRADLEY I.</b>	1.2 NAME	
STREET ADDRESS	<b>19589 NE 10TH AVE</b>	1.3 STREET ADDRESS	<b>2875 NE 191 STREET #400A</b>
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33180</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GROSSMAN, SANDFORD</b>	2.2 NAME	<b>SLOGOFF, REED J.</b>
STREET ADDRESS	<b>19589 N.E. 10TH AVENUE</b>	2.3 STREET ADDRESS	<b>2875 NE 191 STREET #400A</b>
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33180</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEIER, NORMAN M</b>	3.2 NAME	
STREET ADDRESS	<b>19589 NE 10TH AVE</b>	3.3 STREET ADDRESS	<b>2875 NE 191 STREET #400A</b>
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL 33180</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ORLINSKY, MYRON</b>	4.2 NAME	<b>WILENTZ, SOEL M.</b>
STREET ADDRESS	<b>19589 NE 10TH AVE</b>	4.3 STREET ADDRESS	<b>2875 NE 191 STREET #400A</b>
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	4.4 CITY-ST-ZIP	<b>MIAMI, FL 33180</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIETRANGELO, MICHAEL A</b>	5.2 NAME	<b>KELLNER, IRWIN L.</b>
STREET ADDRESS	<b>19589 NE 10TH AVE</b>	5.3 STREET ADDRESS	<b>2875 NE 191 STREET #400A</b>
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL 33180</b>
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 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 if changed, or on an attachment with an address.

SIGNATURE: *Bradley Meier, Pres* 5/19/98 305-791-4200

CR2E034 (10/97)