

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

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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APPROVED  
AND  
FILED

95 APR 25 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000027679 (7)**

1. Corporation Name  
**UNI-TRADE INVESTMENTS, INC.**

Principal Place of Business <b>11801 NW 101ST RD. SUITE 6 MEDLEY FL 33015</b>	Mailing Address <b>11801 NW 101ST RD. SUITE 6 MEDLEY FL 33015</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/08/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0488051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>8860 N.W. 78th CT</b>	26 <b>8860 N.W. 78th CT.</b>
Suite, Apt. #, etc. 22 <b>372</b>	Suite, Apt. #, etc. 27 <b>STE # 372</b>
City & State 23 <b>TAMARAC, FL</b>	City & State 28 <b>TAMARAC, FL</b>
Zip 24 <b>33321</b>	Country 25 <b>USA</b>
Zip 29 <b>33321</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent

**DAVIS, RONALD L ESQ  
SUITE 407 - SKYLAKE STATE BANK BLDG.  
1550 NE MIAMI GARDENS DR.  
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>HAMED, TIM</b>
STREET ADDRESS	<b>17240 NW 64TH AVE., SUITE 309</b>
CITY- ST- ZIP	<b>MIAMI FL 33015</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HAMED, TIM</b>	
1.3 STREET ADDRESS	<b>19370 COLLINS AVE, APT C1410</b>	
1.4 CITY- ST- ZIP	<b>N. MIAMI BEACH, FL 33160</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: TIM HAMED **TIM HAMED / PRESIDENT** **4-20-95** **305-721-5534**

(Name) (Typed Name) (Date) (Phone Number)