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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

UNUNI	ETHAUS, INC.							
rincipal Place	e of Business	Mailing	Address		1 16461001 110 10101 6161 06111 0011		IN BEIER WINNE	
3750 NW 28	R ST	3750	NW 28 ST					
BAY 413		BAY	413					
MIAMI FL 33	3142	MIAN	II FL 33142		3. Date Incorporated or Qualified	3a. Date of La	st Report	
					06/23/1995		•	
Principal Pl	flace of Business	2a. Mai	ling Address		4. FEI Number	- <b>'</b> [	Applied	d For
		26			65-0592870			plicable
Suite, Apt.	#, etc.	<b>├</b> ─¬	e, Apt. #, etc.		5. Certificate of Status Desired		3. <b>75</b> Addil	
04 . 6 04-4		27	P Ctoto				Fee Requir	
City & State	16	28	& State		Flection Campaign Financing     Trust Fund Contribution		<b>5.00</b> May	
Žip	Country	Zip		Country	8. This corporation has liability for			
	25	29		30	· ·	□ No		
	9. Name and Address of	Current Registered	d Agent		10. Name and Address of New F	tegistered Agen	t	
				81 Name				
SPILLE	r, linn p			82 Street Add	iress (P.O. Box Number is Not Acceptab	ie)		
	IW 28 ST							
BAY 41				83				
MIAMI F	FL 33142			84 City		85	Zip Code	e
	····			LL		FL 💍	J	
familiar wi	ith, and accept the obligations of	or, Section 607.0505	, Florida Statutes	ā.	ration submits this statement for the purific of directors. I hereby accept the app	DATE		. ram
tamiliar wi	ith, and accept the obligations of Signature, typed or protect name of registe	or, Section 607.0505	5, Florida Statutes	real by the corporation's position.  10.1 Registrant Apolitis grown in pin.  13.  1.1 Hitt		DATE	C1ORS IN	
tamiliar wi IGNATURE 2.	of the obligations of Signarule, typed or printed name of register OFFICE	or, Section 607,0505	be (M S	5. Of L. Registeral Aspoil signature requir 13.	od whos revistating	DATE ICERS AND DIRE	C1ORS IN	12
familiar wi IGNATURE 2. ILE	Signature, typed or printed numer of regard  OFFICE  D  SPILLER, LINN P  3750 NW 28 ST BAY 6	of, Section 607.0506 each apel and tile Papples RS AND DIRECTOR	be (M S	S.  DIL Fragisterat Apart synatore ne pro  13.  1.1 HHLE	od whoe revistating	DATE ICERS AND DIRE	C1ORS IN	12
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TAMINAT WI GNATURE  2.  ILLE  MME  (REET ADDRESS  TY-ST-ZIP  ILLE  MME  (REET ADDRESS	Signature, typed or printed numer of regard  OFFICE  D  SPILLER, LINN P  3750 NW 28 ST BAY 6	of, Section 607.0506 each apel and tile Papples RS AND DIRECTOR	p, Florida Statutes	13. 1.1 THE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 THE 2 NAME 2 3 STREET ADDRESS	od whoe revistating	DATE  ICERS AND DIRE  COL	CTORS IN	12 Addition
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TAMINAT WI GNATURE  2.  LE  ME  REEL ADDRESS  IY - ST - ZIP  LE  ME  REEL ADDRESS  IY - ST - ZIP  LE  ME  REEL ADDRESS  IY - ST - ZIP  LE  ME  REEL ADDRESS  IY - ST - ZIP  LE  ME  REEL ADDRESS  IY - ST - ZIP  LE  ME  REEL ADDRESS  REEL ADDRESS	Signature, typed or printed numer of registed D SPILLER, LINN P 3750 NW 28 ST BAY MIAMI FL 33142	of, Section 607.0506 each apel and tile Papples RS AND DIRECTOR	DELETE  DELETE	13. 1.1 THE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 THE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 THE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 THE 42 NAME	od whoe revistating	DATH ICFRS AND DIRE Ch	ange	Addition  Addition  Addition
FAMILIAN WI GNATURE  2.  LE  ME REEL ADDRESS (Y-S1-ZIP  LE  ME REEL ADDRESS	Signature, typed or printed numer of registed D SPILLER, LINN P 3750 NW 28 ST BAY MIAMI FL 33142	of, Section 607.0506 each apel and tile Papples RS AND DIRECTOR	DELETE  DELETE	13. 1.1 TIFE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TIFE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 TIFE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 TIFE 4 2 NAME 4 3 STREET ADDRESS	od whoe revistating	DATH ICFRS AND DIRE Ch	ange	Addition  Addition
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TAMINAT WI  GNATURE  2.  ILE  MAE  REEL ADDRESS  TY-SI-ZIP  ILE  AME  REEL ADDRESS  TY-SI-ZIP  ILE  MME  REEL ADDRESS	Signature, typod or printed numer of registed OFFICE  D SPILLER, LINN P 3750 NW 28 ST BAY MIAMI FL 33142	of, Section 607.0506 each apel and tile Papples RS AND DIRECTOR	DELETE  DELETE	13. 1.1 THE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS	od whoe revistating	DATH ICFRS AND DIRE Ch	ange	Addition  Addition  Addition
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TAMINAT WILLIAMS  Z.  ILLE MATE REEL ADDRESS TY-SI-ZIP  ILLE	Signature, typod or printed numer of registed OFFICE  D SPILLER, LINN P 3750 NW 28 ST BAY MIAMI FL 33142	of, Section 607.0506 each apel and tile Papples RS AND DIRECTOR	DELETE  DELETE	13. 1.1 THE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 THE	od whoe revistating	DATH ICFRS AND DIRE Ch	ange  ange  ange  ange  ange  ange  ange	Addition  Addition  Addition
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TAMINAT WILL  THE TAME  TH	Signature, typoid or printed numer of regard OFFICE  D SPILLER, LINN P 3750 NW 28 ST BAY MIAMI FL 33142	of, Section 607.0506 each apel and tile Papples RS AND DIRECTOR	DELETE  DELETE  DELETE  DELETE	13. 1.1 THE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 THE	od whoe revistating	DATH ICERS AND DIRE Ch	ange  ange  ange  ange  ange  ange  ange	Addition  Addition  Addition

appears in Block 12 or Block 13 jochanged, or on an attachment with address. 3/14/96 305-634-4105

SIGNATURE: SIGNATURE AND TYPIC OF PRINTED AND DE AG OFFICER OR DIRECTOR