

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000068903 (8)
 1. Corporation Name
UNIMARKETING GROUP, INC.



Principal Place of Business 301 ALMERIA AVE STE 365 CORAL GALVES FL 33134	Mailing Address 301 ALMERIA AVE STE 365 CORAL GALVES FL 33134
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0777693	
23 Zip	24 Country	28 Zip	29 Country	Applied For Not Applicable	
25		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		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	

g. Name and Address of Current Registered Agent

SASSO, PAUL R
28 W FLAGLER ST STE 595
MIAMI FL 33130

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	FL

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MENENDEZ, FRANCISCO M	
STREET ADDRESS	301 ALMERIA AVE STE 365	
CITY-ST-ZIP	CORAL GALVES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Menendez, Francisco M.	
1.3 STREET ADDRESS	301 Almeria Ave. Ste 365	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
2.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alix Cedras	
2.3 STREET ADDRESS	301 Almeria Ave. Ste 365	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Santiago de Valle	
3.3 STREET ADDRESS	301 Almeria Ave. Ste 365	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Aquilino Lopez	
4.3 STREET ADDRESS	301 Almeria Ave. Ste 365	
4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	R. Olivier Cedras	
5.3 STREET ADDRESS	301 Almeria Ave. Ste 365	
5.4 CITY-ST-ZIP	Coral Gables, FL 33134	
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 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: _____

CR2E034 (10/97)