

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

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**May 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000017258 (1)**  
1. Corporation Name  
**UNIVERSE TRADING CORPORATION**



Principal Place of Business: **430 MALAGA AVE SUITE 4 CORAL GABLES FL 33134**  
Mailing Address: **430 MALAGA AVE SUITE 4 CORAL GABLES FL 33134-0355**

3. Date Incorporated or Qualified: **03/01/1995**  
3a. Date of Last Report: **04/04/1996**

2. Principal Place of Business  
21. **1630 SW 1st AVE**  
Suite, Apt. #, etc.: **S - 9B**  
City & State: **MIAMI FL**  
Zip: **33129** Country: **USA**

2a. Mailing Address  
26. **1630 SW 1st AVE**  
Suite, Apt. #, etc.: **S - 9B**  
City & State: **MIAMI FL**  
Zip: **33129** Country: **USA**

4. FEI Number: **65-0563094**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**EUGENIO, JOCE K.E.**  
**430 MALAGA AVENUE SUITE 4**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **1630 SW 1st AVE**  
83. **SUITE 9B**  
84. City: **MIAMI** 85. Zip Code: **FL 33129**

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PST</b> <input type="checkbox"/> DELETE	NAME: <b>EUGENIO, JOCE K E</b>	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>430 MALAGA AVENUE, SUITE 4</b>	CITY-ST-ZIP: <b>CORAL GABLES FL 33134</b>	1.2 NAME: _____	1.3 STREET ADDRESS: <b>1630 SW 1st AVE S - 9B</b>
TITLE: <b>V</b> <input type="checkbox"/> DELETE	NAME: <b>ALMENDRA, FRANCISCO</b>	1.4 CITY-ST-ZIP: <b>MIAMI FL 33129</b>	
STREET ADDRESS: <b>430 MALAGA AVENUE, SUITE 4</b>	CITY-ST-ZIP: <b>CORAL GABLES FL 33134</b>	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	2.2 NAME: _____	2.3 STREET ADDRESS: <b>1630 SW 1st AVE S - 9B</b>
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.4 CITY-ST-ZIP: <b>MIAMI FL 33129</b>	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	3.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.2 NAME: _____	3.3 STREET ADDRESS: _____
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	3.4 CITY-ST-ZIP: _____	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	4.2 NAME: _____	4.3 STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.4 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	5.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2 NAME: _____	5.3 STREET ADDRESS: _____
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	5.4 CITY-ST-ZIP: _____	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	6.2 NAME: _____	6.3 STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.4 CITY-ST-ZIP: _____	

14. I do 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: **EUGENIO** 4/8/97 (305) 3791525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)