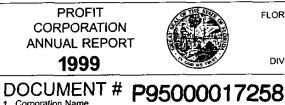
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

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05-05-1999 90229 019 \*\*\*150.00

UNIVERSE TRADING CORPORATION	

1630 SW 1RST AVE	A														
S9 B MIAMI FL 33129	IAMI FL 33129 MIAMI FL 33129						DO NOT WRITE IN THIS SPACE								
US				12 00125					3. Date Incorporated or Qualifed						
								ĺ	03/01/1995	5					{
2. Principal Place of	Business		2a.	Mailing Address		_		$\dashv$	4. FEI Number				App	ied For	1
21				26				-	65-056309	4		-	Not	Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.	75 Ac	lditional	7		
22			27				5. Certifcate of Status Desired Fee Required						1		
City & State				City & State					6. Election Camp	paign Financing				lay Be	` _
23			28						Trust Fund Co	ontribution		Ad	ded to	Fees	-
Zip		Country	Щ	Zip Country				8. This corporation owes the current year Intangible							
24	25		29		30				Personal Property Tax. Yes No						4
9. 1	Varne and	Address of Current F	Regis	tered Agent		L.,			10. Name and Ad	idress of New F	legistered A	gent			-{
		-				81	Name								
EUGENIO,		E.				82	Street	Address	(P.O. Box Numb	er is Not Accepta	ble)				┪
1630 SW 1							0110017		ddress (P.O. Box Number is Not Acceptable)						4
SUITE 9 B MIAMI FL 3						83						_			
mirani i C	00120					84	City				FL	85	Zip Co	ode	
11. Pursuant to the o	provisions	of Sections 607.0502 a	and 60	07,1508, Florida Statute	s, the a	bove	-named	corpora	tion submits this s	tatement for the	purpose of c	hangir	ng its r	egistered	-
office or registers	ed agent a	or both in the State of	Florid	la. Such change was at Section 607.0505, Flor	ıthorize	d bv	the corpo	oration's	board of director	s. I hereby accep	t the appoin	tment	as regi	stered	
-		nu accept the obligatio	113 01,	)	ida Ola		•								1
SIGNATURE Signature	a voed be brir	ted name of registered agent a	nd title/	applicable. (NOTE:	Registered	Agen	t signature re	equired wh	en reinstating)		DATE			<del></del>	1 ;
12.	7	ØPEICERS AND			13.				ADDITIONS/CH	HANGES TO OF	FICERS AND	DIRE	CTOF	S IN 12	] }
TITLE PST				☐ DELETÉ	1.1 T	ITLE						Cha	ange	☐ Addition	:   ۱
Z	ENIO, JO	KE K F			1.2 N	AME									1 ;
		AVE S9 B	1			TREET	ADDRESS								13
	,	ATE OF B			1.4 CF										3
CITY-ST-ZIP MIAN	VII 1 L.			DELETE	2.1 T		1-211					Cha	ange	Addition	7 6
	- •	EDANCISCO		<b></b>	2.2 N										1
	AUMENOIUS, I MATORIO CO				•		ADODECC								
					•		ADDRESS								
	VI FL			□ nei ete	2.4 C	MY-S	T-ZIP					☐ Ch	ange	Addition	1
_TITLE							~					<u></u>			-1-
NAME					3.2 N										
STREET ADDRESS					•		ADORESS								ļ
CITY-ST-ZIP					_	ITY-S	T-ZIP	<u> </u>							$\exists$
TITLE				☐ DELETE	4,1 T							☐ Ch	ange	☐ Addition	'
NAME					4.21	IAME									
STREET ADORESS					4.3 S	TREET	ADDRESS								
CITY-ST-ZIP					4.4 C	ITY-S	r-zip								╛
TITLE				☐ DELETE	5.1 T	TLE						Cha	ange	Addition Addition	1
NAME					5.2 N	AME									
STREET ADDRESS					5.3 S	TREET	ADDRESS								-
CITY-ST-ZIP					5.4 C	TY-S	r-ZIP								
TITLE				☐ DELETE	8.1 T	πLE						□ Ch	ange	Addition	1
NAME					6.2 N	AME									1
STREET ADDRESS					6.3 S	TREET	ADDRESS								
					6.4 0	ITY-\$	r-ZiP								1
CITY-ST-ZIP  14. I hereby certify to	hat the infe	ormation supplied with	this fi	ling does not qualify for				i in Sec	tion 119.07(3)(i), I	Florida Statutes.	I further cert	ify that	the in	formation	_,

indicated on this annual report or supplemental annual report is true 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 epipowered 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 ap address, with all other like empowered.

SIGNATURE: