

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name
UNIVERSAL HOME PRODUCTS, INC.



Principal Place of Business	Mailing Address
1920 NO MIAMI AVE MIAMI FL 33136	1920 NO MIAMI AVE MIAMI FL 33136

3. Date Incorporated or Qualified	3a. Date of Last Report
05/24/1965	05/01/1995

2. Principal Place of Business **2a. Mailing Address**

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22	27
City & State	City & State

23	28
Zip	Zip

24 25 29
g. Name and Address of Current Registered Agent

4. FEI Number	Applied For
59-1095439	Not Applicable

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

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

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAVITZ,ALAN D
1920 N. MIAMI AVE.
MIAMI FL 33136

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

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: _____ **DATE:** _____

Please use based or printed name of individual agent and title if applicable. **NOTE:** Employer Agent signature required when installing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITZ, ALAN D		1.2 NAME		
STREET ADDRESS	11094 PARADELA ST		1.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 00000		1.4 CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEZ, JUAN A		2.2 NAME		
STREET ADDRESS	8415 S W 44 ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 00000		2.4 CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITZ, LUCILLE		3.2 NAME		
STREET ADDRESS	11094 PARADELA ST		3.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 00000		3.4 CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEA, ALBERT		4.2 NAME		
STREET ADDRESS	1104 S W 12 CT		4.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 00000		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. J. Sant (MAX J. SAVITZ) 4-22-96 305-573-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)