

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 356420 (0)

**1. Corporation Name
UNIVERSAL HOLDING COMPANY**

**Principal Place of Business Mailing Address
2665 S BAYSHORE DR #400 MIAMI FL 33133 2665 S BAYSHORE DR #400 MIAMI FL 33133**

**FILED
95 JUL -7 AM 9:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/09/1969		3a. Date of Last Report 08/10/1994	
2. Principal Place of Business 21		4. FEI Number 59-1304483	
2a. Mailing Address 26		Applied For Not Applicable	
Suite, Apt. #, etc. 22 <i>SUITE 200</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25	
Zip 29		Country 30	

9. Name and Address of Current Registered Agent EIDELSTEIN, GARY P. 2665 S. BAYSHORE DR., #200 MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 DPS	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME EIDELSTEIN, GARY	1.2 NAME		
STREET ADDRESS 2665 S. BAYSHORE DR. #200	1.3 STREET ADDRESS		
CITY- ST- ZIP MIAMI FL	1.4 CITY- ST- ZIP		
TITLE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY- ST- ZIP	2.4 CITY- ST- ZIP		
TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY- ST- ZIP	3.4 CITY- ST- ZIP		
TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY- ST- ZIP	4.4 CITY- ST- ZIP		
TITLE	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	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 110.07(3)(b), 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: *[Signature]* **GARY P. EIDELSTEIN** **6/25/95** **(305) 285-1595**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #