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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 29 1996 8:00 am
Secretary of State

DOCUMENT # 479430 (1)

1. Corporation Name

UNIVERSITY THREE ENTERPRISES, INC.

Principal Place of Business

1428 BRICKELL AVE #105
MIAMI FL 33131

Mailing Address

1428 BRICKELL AVE #105
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21

26

Subs, Apt #, etc

Subs, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

HALPRYN ERNEST M
1428 BRICKELL AVE STE 105
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 602.050(1) and 602.110(1), 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. By changing its registered office, the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with, and accept the obligation of, Sections 602.050(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
AS	WEISBERG, ALAN J.	1428 BRICKELL AVE #105	MIAMI FL 33131
PD	HALPRYN, ERNEST M.	1428 BRICKELL AVE STE, 105	MIAMI FL 33131
VPD	DE VECCHI, JOHN	1428 BRICKELL AVE., STE 105	MIAMI FL 33131
STD	LABIANCA, PHILIP	1428 BRICKELL AVE, STE 105	MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
13. TITLE	13. NAME	13. STREET ADDRESS	13. CITY, ST, ZIP
14. TITLE	14. NAME	14. STREET ADDRESS	14. CITY, ST, ZIP
15. TITLE	15. NAME	15. STREET ADDRESS	15. CITY, ST, ZIP
16. TITLE	16. NAME	16. STREET ADDRESS	16. CITY, ST, ZIP
17. TITLE	17. NAME	17. STREET ADDRESS	17. CITY, ST, ZIP
18. TITLE	18. NAME	18. STREET ADDRESS	18. CITY, ST, ZIP
19. TITLE	19. NAME	19. STREET ADDRESS	19. CITY, ST, ZIP
20. TITLE	20. NAME	20. STREET ADDRESS	20. CITY, ST, ZIP
21. TITLE	21. NAME	21. STREET ADDRESS	21. CITY, ST, ZIP
22. TITLE	22. NAME	22. STREET ADDRESS	22. CITY, ST, ZIP
23. TITLE	23. NAME	23. STREET ADDRESS	23. CITY, ST, ZIP
24. TITLE	24. NAME	24. STREET ADDRESS	24. CITY, ST, ZIP
25. TITLE	25. NAME	25. STREET ADDRESS	25. CITY, ST, ZIP
26. TITLE	26. NAME	26. STREET ADDRESS	26. CITY, ST, ZIP
27. TITLE	27. NAME	27. STREET ADDRESS	27. CITY, ST, ZIP
28. TITLE	28. NAME	28. STREET ADDRESS	28. CITY, ST, ZIP
29. TITLE	29. NAME	29. STREET ADDRESS	29. CITY, ST, ZIP
30. TITLE	30. NAME	30. STREET ADDRESS	30. CITY, ST, ZIP

14. I do hereby certify that the information submitted with this filing is true and correct, and that I am not guilty for the exemption stated in Section 19.07 (1)(k), Florida Statutes. I further certify that the information indicated on this annual report or Supplemental Annual Report is true and correct, 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 person authorized or empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Book 12 of Block 13 of the next to one hundred and one with an address.

SIGNATURE:

ERNEST M. HALPRYN, PRESIDENT

3/19/96 3053714112

CR2E034 (12/95)