

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **517979** (1)  
1. Corporation Name  
**UNIVERSAL DYNOLAC CORPORATION**



Principal Place of Business

**250 CATALONIA AVE.  
SUITE #303  
CORAL GABLES FL 33134**

Mailing Address

**250 CATALONIA AVE.  
SUITE #303  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified <b>11/05/1976</b>	3a. Date of Last Report <b>04/11/1995</b>
4. FEI Number <b>13-2572289</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>2055 ARCH CREEK DRIVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>NO. MIAMI, FL</b> Zip 24 <b>33181</b>	2a. Mailing Address 26 <b>2055 ARCH CREEK DRIVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>NO. MIAMI, FL</b> Zip 29 <b>33181</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>DORN, HARRY M. 250 CATALONIA AVE SUITE 303 CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent 81 Name <b>DORN, NORA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2055 ARCH CREEK DRIVE</b> 83 84 City <b>NO. MIAMI, FL</b> 85 Zip Code <b>FL 33181</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1708, 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 (ND) *[Signature]* 2/27/96  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DORN, HARRY M. 250 CATALONIA AVE #303 CORAL GABLES FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DORN, NORA 250 CATALONIA AVE #303 CORAL GABLES FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PD DORN, NORA 2055 ARCH CREEK DRIVE NO. MIAMI, FL 33181</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: (ND) *[Signature]* 2/27/96 305-891-5466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)