

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 620300

(4)

1. Corporation Name  
UNICOMMERCE, INC.

Principal Place of Business  
2400 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

Mailing Address  
2400 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1979

4. FEI Number

59-2125615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

JOHNSON, ETHAN W ESQUIRE  
5300 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME GADALA-MARIA, SANDRA  
STREET ADDRESS 5824 SW 131TERR  
CITY-ST-ZIP MIAMI FL 33156

TITLE V ☐ DELETE

NAME GADALA-MARIA, ALFREDO  
STREET ADDRESS 5824 SW 131TERR  
CITY-ST-ZIP MIAMI FL 33156

TITLE PDV ☐ DELETE

NAME GADALA-MARIA, PIERRETTE  
STREET ADDRESS 5824 SW 131TERR  
CITY-ST-ZIP MIAMI FL 33156

TITLE AS ☐ DELETE

NAME GADALA-MARIA, CARLOS E  
STREET ADDRESS 9022 SW 123 COURT, APT. D201  
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ DELETE

NAME GADALA-MARIA, JACOBO A  
STREET ADDRESS 4795 SW 80 STREET  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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]*

8-24-98

CR2E034 (5/98)