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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(7)

| DOCUMENT # 744686 (7)  UNIVERSAL ESOTERIC CENTER, INC.   |  |                                     |  |   |   |                                  |                                       |  |
|--|--|-------------------------------------|--|---|---|----------------------------------|---------------------------------------|--|
|  |  |                                     |  |   |   |                                  |                                       |  |
| incipal Place o  | of Business  | Mailing Address                     |  |   |   |                                  |                                       |  |
| 100 NW 37 AV   | E  | 100 NW 37 AVE<br>2ND FLOOR          |  |   | t:  |                                  |                                       |  |
| 2ND FLOOR<br>Miami FL 3312   | 5  | MIAMI FL 33125                      |  |   | 3. Date incorporated or Qualified   | <b>3a.</b> D                     | ate of Last R                         | eport  |
| J\$  |  | U\$                                 |  |   | 10/24/1978  |                                  | 05/01/19                              | 95   |
| Principal Plac   | ce of Business   | 2a. Mailing Address                 |  |   | 4. FEI Number   | ·                                | <del></del>                           | oplied For                                   |
|  |  | 26                                  |  | 59-0698988  |   | Not Applicable \$8.75 Additional |                                       |  |
| Suite, Apt. #  | , etc.   | Suite, Apt. #, etc.                 |  |   | 5. Certificate of Status Desired  | X                                | • • • • •                             | equired                                      |
| City & State   |  | City & State                        |  |   | 6. Election Campaign Financing  | <del>-</del>                     | \$5.00                                | May Be                                       |
| Oily & State   |  | 28                                  |  |   | Trust Fund Contribution   |                                  |                                       | to Fees                                      |
| Zip  | Country  | Zφ                                  | Country  | ,   | 8. This corporation has liability for   | r intangible t<br>Yes            | ax under s. 1<br>Timo                 | 199.032,                                     |
|  | 25<br>9. Name and Address of Curren  | 29                                  | 30   |   | Florida Statutes  10. Name and Address of New                                   |                                  |                                       |  |
|  | 9. Name and Address of Curren  | n Negistered Agent                  | 81   | Name  |   |                                  |                                       |  |
| DUNTIMY  | 1500010  |                                     | 82   | Street Addr   | ress (P.O. Box Number is Not Accepta  | able)                            | <del></del>                           |  |
| BUNTINX, LEOPOLD<br>1120 NW 37TH AVENUE  |  |                                     | 02   | Street Addi   | 7003 ( 101 D0   |                                  | <u></u>                               |  |
|  | L. FL 33125  |                                     | 83   |   |   |                                  |                                       |  |
| <b>****</b>  | -  |                                     | 84   | City  |   | FL                               | <b>85</b> Zip                         | Code   |
|  |  |                                     | to a dia a di  | named sarno   | ration submits this statement for the pard of directors. I hereby accept the ap | urposo of ch                     | panging its re                        | aistered offic                               |
| or roadstore   | ed agent, or both, in the State of Fior  | ida. Such change was admon          |  |   |   | •                                | -                                     |  |
|  |  |                                     | S.<br>OTE: Registered Ag   |   | ration submits this statement for the pard of directors. I hereby accept the ap | DATE                             |                                       |  |
| GNATURE _  | Signature, typed or printed name of redigional a.s.  | ND DIRECTORS                        | OTE: Registered Age  | ent signature require   |   | DATE                             | D DIRECTO                             | RS IN 12                                     |
| IGNATURE _   | Signature, typed or printed name of replyined a OFFICERS AN  | र कहा स्टाल के जिल्ली स्टाल है । (N | OTE: Registered Age 13. 11 TITLE   | ent signature require   | eo when reinstating!  | DATE                             |                                       |  |
| IGNATURE _<br>2.<br>TLE<br>AME   | Signature, typed or printed name of replyitured a  OFFICERS AN  PTD  BUNTINX, LEOPOLDO   | ND DIRECTORS                        | O LE: Registered Age 13. 11 TITLE 1.2 NAME   | ent signature require   | eo when reinstating!  | DATE                             | D DIRECTO                             | RS IN 12                                     |
| IGNATURE _ 2. TLE AME TREET ADDRESS  | Signature, typed or printed name of solytechd a OFFICERS AN PTD BUNTINX, LEOPOLDO 100 N.W. 37TH. AVE.  | ND DIRECTORS                        | O LE: Registered Age 13. 11 TITLE 1.2 NAME   | ent signature require   | eo when reinstating!  | DATE                             | ID DIRECTO Change                     | RS IN 12                                     |
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SIGNATURE:

April 29th, 1996 (305)649-5112