

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F20767 (2)**
1. Corporation Name
UNI-MED INTERNATIONAL CORPORATION

Principal Place of Business: **700 NW 214 St. # 122 Miami, FL 33169 US**
Mailing Address: **P.O. Box 331120 MIAMI, FL 33233 US**

21	22	23	24	25	26	27	28	29	30		
2. Principal Place of Business			2a. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
City & State			City & State								
Zip			Zip								
Country			Country								

3. Date Incorporated or Qualified	3a. Date of Last Report
02/23/1981	01/18/1995
4. FFI Number	Applied For
59-2077652	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SPENCER, RICHARD T.
3641 N. 47TH AVE.
HOLLYWOOD, FL 33021**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	State
	Zip Code
	FL

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)

(DATE) Registered Agent signature required when relevant (Date)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, RICHARD T.	1.2 NAME	
STREET ADDRESS	3641 N. 47TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD, FL 33021	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, RICHARD T.	2.2 NAME	
STREET ADDRESS	3641 N. 47TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD, FL 33021	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, ANDREA B.	3.2 NAME	
STREET ADDRESS	3641 N. 47TH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD, FL 33021	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	

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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)(h), 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: **Richard T. Spencer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 1996 (305)
654-7621
Date Time Phone #

CR2E034 (12/95)