PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F79833

UNIVERSAL BONDED WAREHOUSE, INC.

Principal Place	of Büsiness
7007 N.W. 30TH	STREET

2. Principal Place of Business

21

Mailing Address

7007 N.W. 30TH STREET MIAMI FL 33122

2a. Mailing Address

26

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90039 048 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

05/12/1982 4. FEI Number

59-2190138

Suite, Apt.	#retc.	Suite, Apt. #, etc.	-			_5Certifcate of Status Desir	ed□.		Additional equired	
City & State	·	City & State		- '**		Election Campaign Finan Trust Fund Contribution	Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 <u>\</u> Zip	Country	Zip	Coun	trv						
24	25	⊢ , , , , , , , , , , , , , , , , , , ,	30	,		Personal Property Tax. Yes No			□No	
9. Name and Address of Current Registered Agent						10. Name and Address of I	lew Register	ed Agent		
				81	Name					
AREVALO, JOHN			[7	82 Street Address (P.O. Box Number is Not Acceptable)						
800 N.W. 20TH AVE.			-							
MIAMI FL 33125				B3					-	
			ļ,	B4	City			85 Zip	Code	
	•			1	•				<u>.</u>	
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 Storetties when the purpose of changing its registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed name of registered agent a		13.	gent s	agnature required w	ADDITIONS/CHANGES T			ORS IN 12	
12.	OFFICERS AND	DELETE	1.1 TITL	_		ADDITIONS/CHANGES I	OUTTOLING	Change		
TITLE	PD		1.2 NAME						_	
NAME	AREVALO, JOHN			_						
STREET ADDRESS	800 N.W. 29TH AVENUE				DDRESS					
CITY-ST-ZIP	MIAMI FL	□ perete	1.4 CIT		ZIP			☐ Change	Addition	
TITLE	π	☐ DELETE	2.1 TITLE					□ Sitatige		
NAME	AREVALO, RICARDO		2.2 NAME						1	
STREET ADDRESS	800 N.W. 29TH AVENUE		2.3 STREE		DDRESS				ĺ	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-2		ZIP				- Addition	
TITLE	SD	☐ DELETE	3.1 TITLE					Change	☐ Addition	
NAME	AREVALO, FRANK JR		3.2 NAA	Æ					ļ	
STREET ADDRESS	800 N.W. 29TH AVENUE		3.3 STF	EETA	DORESS				ĺ	
CITY-ST-ZIP	MIAMI FL		3.4. CIT	Y-ŞT-	ZiP					
TITLE		□ DELETE	4.1 πη	E				☐ Change	Addition	
NAME			4.2 NA	ME					\	
STREET ADDRESS			4.3 STF	EETA	DDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-	Z!P					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NA	Æ	į	•				
STREET ADDRESS			5.3 STF	EETA	DORESS .					
CITY-ST-ZIP			5.4 CIT		ZIP	···				
TITLE	4	☐ DELÉTE	6.1 TITU		1			Change	Addition	
NAME	•		6.2 NA	Æ						
STREET ADDRESS			6.3 STF	REETA	ODRESS					
CITY-ST-ZIP			6.4 CIT				***			
44 I horoby o	actifu that the information supplied with	this filing does not qualify for	the even	ntio	n etated in Se	ction 119 07/3\(ii) Florida Stat	utes I further	certify that the	information	

4. 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 of the receiver or truster 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 attackment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

305 592-8935

Daytime Phone

R2E034 (11/98