

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
5/23/95

DOCUMENT # **K32251** (6)

IDEAL UNITY INVESTMENTS, INC.

APPROVED
5/23/95
7/27/95
TALLAHASSEE, FLORIDA

Principal Office of Corporation: 1059 #B RD LOXAHATCHEE FL 33470 US
Mailing Address: 16244 AINTREE DR LOXAHATCHEE FL 33470 US

Do not write in this space

3. Date Incorporated or Qualified 08/30/1988	3a. Date of Last Report 05/23/1994
4. FEI Number 65-0078739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fines
8. This corporation has liability for intangible tax under S. 192(3)(f) Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office of Business 21	2a. Mailing Address 28 PO BOX 875
22. State of Incorporation	27. State of Mailing Address
23. City & State	28. LOXAHATCHEE FL
24. Zip	29. 33470
25. Country	30. USA

9. Name and Address of Current Registered Agent

**MARAJ, GWENDELIN
16244 AINTREE DRIVE
LOXAHATCHEE FL 33411**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 199.01 and 199.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to that 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 Sections 199.01 and 199.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	P HEERAMAN, SUNDAR 1059 "B" RD LOXAHATCHEE FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT HEERAMAN, LINDA A, 1059 "B" RD LOXAHATCHEE FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S MARAJ, GWENDELIN 16244 AINTREE DRIVE LOXAHATCHEE FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied by the filer is correct and true, and applicable for the registration. Later on has been filed with the Florida Department of State, I further certify that the information submitted in this report is a true and accurate annual report of the corporation and that the corporation shall have the same registered office and registered agent as that reported in this report. I am familiar with and accept the obligations of Sections 199.01 and 199.02, Florida Statutes.

SIGNATURE: *Gwendelin Maraj* GWENDELIN MARAJ 4/24/95 1107-793-6640

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APPROVED
 MAY 1 1994

MAY 1 1994 06

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Governor's Mansion
 Tallahassee, Florida
 32399-0001

DOCUMENT # **K32898** (4)
 F.M.R. DEVICES INC.

Principal Office of Incorporation: 11960 NW 87TH COURT, HIALEAH GARDENS FL 33016
 Mailing Address: 11960 NW 87TH COURT, HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1988
 3a. Date of Last Report: 05/01/1994
 4. FCI Number: 65-0135955
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under § 199.033, Florida Statutes: Yes No

21. Principal Office of Incorporation: 11960 NW 87TH COURT, HIALEAH GARDENS FL 33016
 22. Mailing Address: 11960 NW 87TH COURT, HIALEAH GARDENS FL 33016
 23. City & State: HIALEAH GARDENS FL 33016
 24. Name: URQUIJO, ANIF
 25. Address: 11960 NW 87TH COURT, HIALEAH GARDENS FL 33016
 26. City: HIALEAH GARDENS
 27. State: FL
 28. Zip: 33016
 29. Country: USA

9. Name and Address of Current Registered Agent:
 URQUIJO, ANIF
 11960 NW 87TH COURT
 HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent:
 B1. Name:
 B2. Street Address (P.O. Box Number is Not Acceptable):
 B3. City:
 B4. State: FL
 B5. Zip Code:

11. Pursuant to the provisions of Sections 607.0607 and 607.1509, 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PD NAME: PELAEZ, PEDRO STREET ADDRESS: 17910 NW 68TH AVE CITY & STATE: MIAMI FL	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
OFFICER	VD NAME: PELAEZ, PEDRO R. STREET ADDRESS: 6930 MAPLE TERRACE CITY & STATE: MIAMI LAKES FL	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
OFFICER	SD NAME: PELAEZ, RAUL STREET ADDRESS: 17435 NW 86 AVE CITY & STATE: MIAMI FL	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
OFFICER	TD NAME: URQUIJO, ANIF STREET ADDRESS: 18778 NW 78 PL CITY & STATE: MIAMI FL	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8340 NW 164 ST MIAMI, FL 33016
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation or the receiver or liquidator thereof and that my name appears on the back of this document if changed or as an attachment with an address.

SIGNATURE: _____
 PRESIDENT PEDRO PELAEZ 4-279N-3087823-977