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FILED

**May 16 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # L05866 (3)
1. Corporation Name
UNIVERSAL SERVICES ENTERPRISE, INC.



Principal Place of Business
**244 BISCAYNE BLVD
2ND FLOOR ROOM 1
MIAMI FL 33101
US 33132**

Mailing Address
**244 BISCAYNE BLVD.
P. O. BOX 015626
MIAMI FL 33101-5626
US**

3. Date Incorporated or Qualified **07/28/1989** 3a. Date of Last Report **03/21/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

4. FEI Number **65-0136098** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MEDINA, FELIX F.
3101 NW 109TH AVE
SUNRISE FL 33351**

10. Name and Address of New Registered Agent
81 Name **Francis F. Medina**
82 Street Address (P.O. Box Number is Not Acceptable) **915 N.W. 1st Avenue, H1212**
83
84 City **Miami** FL 85 Zip Code **33136**

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 *Francis F. Medina* **May 12, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MEDINA, FELIX F	
STREET ADDRESS	3101 NW 109TH AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	MEDINA, FRANCIS F	
STREET ADDRESS	915 NW 1ST AVE, H1212	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDGARDO TEMPLO	
1.3 STREET ADDRESS	915 N.W. 1st AVENUE, H1212	
1.4 CITY-ST-ZIP	Miami, Fl. 33136	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FIDEL S. MEDINA	
2.3 STREET ADDRESS	1400 Doe Hollow Trace	
2.4 CITY-ST-ZIP	Lilburn, Ga. 30247	
3.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	33136	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 *Francis F. Medina* **May 12, 1997**

CR2E034 (9/96)