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 # **L31855** **(4)**

1. Corporation Name

URAMI, INC.

Principal Place of Business	Mailing Address
2601 S BAYSHORE DR SUITE 1425 MIAMI FL 33133	2601 S BAYSHORE DR SUITE 1425 MIAMI FL 33133

3. Date Incorporated or Qualified: **11/21/1989**
3a. Date of Last Report: **05/01/1995**

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

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: **65-0163260** ☐ 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

FREEMAN, ROBERT A P.A.
2601 SOUTH BAYSHORE DRIVE
SUITE 1425
MIAMI FL 33133

10. Name and Address of New Registered Agent

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

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) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, ROBERT A.		12 NAME		
STREET ADDRESS	2601 S BAYSHORE DR #1425		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	DORFF, RICHARD		22 NAME		
STREET ADDRESS	488 MADISON AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	~~HELLER, HENRY~~		32 NAME		
STREET ADDRESS	~~150 E. 58RD STREET~~		33 STREET ADDRESS		
CITY-ST-ZIP	~~NEW YORK NY~~		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Robert A. Freeman 3/26/96 (305) 858-3241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #