FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1. CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB -6 AM 10:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M17629 (0)

1. Corporation Name
UNIVERSAL INVESTMENT PROPERTIES, INC.

Principal Place of Business	Mailing Address
10462 SW 129 PLACE MIAMI FL 33186	10462 SW 129 PLACE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/03/1985
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21 2601 South Bayshore Dr.	26 2601 Bayshore Dr South
Suite, Apt. #, etc. 22 725	Suite, Apt. #, etc. 27 725
City & State 23 Coconut Grove	City & State 28 Coconut Grove
Zip 24 33133 Country 25 Dade	Zip 29 33133 Country 30 Dade

4. FEI Number: 59-2665966 — 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

MASTRAPA, JOSE M.
10462 S.W. 129 PLACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: Joel DeFabio
82 Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd
83: H 430
84 City: Coral Gables FL 85 Zip Code: 33134

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] 1-31-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MASTRAPA, JOSE M.	1.2 NAME	MASTRAPA, JOSE M	
STREET ADDRESS	2210 N.W. 4TH TERRACE	1.3 STREET ADDRESS	2601 South Bayshore Dr.	
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	Coconut Grove FL 33133	
TITLE	VP	2.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME	MASTRAPA, JOSE A.	2.2 NAME	LUIS A. RODRIGUEZ	
STREET ADDRESS	2210 N.W. 4TH TERRACE	2.3 STREET ADDRESS	2601 South Bayshore Dr.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Coconut Grove FL 33133	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS	900001404703	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-02/13/95--01068--013	
TITLE		4.1 TITLE	****200.00	☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: [signature] 1-30-95 305-860-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0204660 CP