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 # **M25180** **(4)**

1. Corporation Name

UNIVERSAL AMERICAN FINANCE CORPORATION, I

Principal Place of Business	Mailing Address
C/O MORRIS J. WATSKY 700 NW 107TH AVE. MIAMI FL 33172	C/O MORRIS J. WATSKY 700 NW 107TH AVE. MIAMI FL 33172

3. Date Incorporated or Qualified: ~~12/30/1985~~ 2/23/84
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: 59-2631276 ☐ 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

WATSKY, MORRIS J.
700 NW 107TH AVE.
MIAMI FL

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 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MILLER, LEONARD		12 NAME		
STREET ADDRESS	700 NW 107TH AVE.		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	D	☒ DELETE	21 TITLE	V/S	☐ Change ☒ Addition
NAME	PEKOR, ALLAN J.		22 NAME	Reed, Linda	
STREET ADDRESS	700 NW 107TH AVE.		23 STREET ADDRESS	700 NW 107 Avenue	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	Miami FL 33172	
TITLE	D	☒ DELETE	31 TITLE	V	☐ Change ☒ Addition
NAME	BOLOTIN, IRVING		32 NAME	Modist, Debra	
STREET ADDRESS	700 NW 107TH AVE.		33 STREET ADDRESS	700 NW 107 Avenue	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	Miami FL 33172	
TITLE	T	☐ DELETE	41 TITLE	V/T	☒ Change ☐ Addition
NAME	MUNOZ, JANICE		42 NAME		
STREET ADDRESS	700 NW 107TH AVE.		43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SAIONTZ, STEVEN		52 NAME		
STREET ADDRESS	700 NW 107TH AVE.		53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	61 TITLE	✓	☒ Change ☐ Addition
NAME	KAMINSKY, NANCY		62 NAME		
STREET ADDRESS	700 NW 107TH AVE.		63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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)(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: _____ Debra Modist 4/12/96 (305) 229-6513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #