

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am  
Secretary of State

|                                              |                                                                                   |                                                                                                                  |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

DOCUMENT # **M45799**

1. Corporation Name  
**UNIQUE WORLD VIDEO CLUB AND JEWELRY, INC**

Principal Place of Business Mailing Address

**C/O JOSE SANCHEZ**  
**1428 A ALTON ROAD**  
**MIAMI BEACH, FL 33139**

**C/O JOSE SANCHEZ**  
**1428 ALTON RD**  
**MB, FL 33139**

5. Date Incorporated or Qualified

3a. Date of Last Report

**02/02/1987**

|                                |                         |                                                        |                                                                                                                                                             |
|--------------------------------|-------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number                                          | Applied For                                                                                                                                                 |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | <b>59-2764123</b>                                      | Not Applicable                                                                                                                                              |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired                       | <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                     |
| 23. Zip                        | 28. City & State        | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                        |
| 24. Country                    | 29. Zip                 | 30. Country                                            | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANCHEZ, JOSE**  
**1428 A ALTON RD**  
**MIAMI, FL 33139**

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 of officer or director, name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

|                            |                     |                                                       |                 |
|----------------------------|---------------------|-------------------------------------------------------|-----------------|
| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
| TITLE                      | NAME                | 11. TITLE                                             | Change Addition |
| NAME                       | 1320 15th ST APT 7  | 12. NAME                                              | Change Addition |
| STREET ADDRESS             | MIAMI BEACH, FL     | 13. STREET ADDRESS                                    | Change Addition |
| CITY, ST, ZIP              | MIAMI BEACH, FL     | 14. CITY-ST-ZIP                                       | Change Addition |
| TITLE                      | NAME                | 21. TITLE                                             | Change Addition |
| NAME                       | STD GONZALEZ, HELEN | 22. NAME                                              | Change Addition |
| STREET ADDRESS             | 1320 15 TRYPACE #19 | 23. STREET ADDRESS                                    | Change Addition |
| CITY, ST, ZIP              | MIAMI BEACH, FL     | 24. CITY-ST-ZIP                                       | Change Addition |
| TITLE                      | NAME                | 31. TITLE                                             | Change Addition |
| NAME                       |                     | 32. NAME                                              | Change Addition |
| STREET ADDRESS             |                     | 33. STREET ADDRESS                                    | Change Addition |
| CITY, ST, ZIP              |                     | 34. CITY-ST-ZIP                                       | Change Addition |
| TITLE                      | NAME                | 41. TITLE                                             | Change Addition |
| NAME                       |                     | 42. NAME                                              | Change Addition |
| STREET ADDRESS             |                     | 43. STREET ADDRESS                                    | Change Addition |
| CITY, ST, ZIP              |                     | 44. CITY-ST-ZIP                                       | Change Addition |
| TITLE                      | NAME                | 51. TITLE                                             | Change Addition |
| NAME                       |                     | 52. NAME                                              | Change Addition |
| STREET ADDRESS             |                     | 53. STREET ADDRESS                                    | Change Addition |
| CITY, ST, ZIP              |                     | 54. CITY-ST-ZIP                                       | Change Addition |
| TITLE                      | NAME                | 61. TITLE                                             | Change Addition |
| NAME                       |                     | 62. NAME                                              | Change Addition |
| STREET ADDRESS             |                     | 63. STREET ADDRESS                                    | Change Addition |
| CITY, ST, ZIP              |                     | 64. CITY-ST-ZIP                                       | Change Addition |

**000002181050**  
**-05/16/97--01022--041**  
**\*\*\*165.00**

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 in an attachment with an address.

SIGNATURE: **X Jose Sanchez** Date: **4/29/97** Daytime Phone: **305 532-1098**

CR2E034 (9/96)