

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M64027 (9)

1. Corporation Name
UAA International, Inc.

APPROVED
AND
FILED

95 MAY -1 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3150 P.W. 40th St.
Miami, FL 33142

Mailing Address

SAME

DO NOT WRITE IN THIS SPACE.

5. Date Incorporated or Chartered <u>12-23-87</u>	3a. Date of First Report <u>05/01/1994</u>
4. Filing Number <u>05 00339 44</u>	Approved Fee Initial Approval Fee
6. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
C. This corporation has liability for intangible tax under S. 107.012, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. <u></u>	26. Suite, Apt. #, etc. <u></u>
22. City & State <u></u>	27. City & State <u></u>
23. Zip <u></u>	28. Zip <u></u>
24. Country <u></u>	29. Country <u></u>

9. Name and Address of Current Registered Agent

SCHANO, MARION E.
9500 W. BAY HARBOR DRIVE
PH-7F
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0222 and 607.1001, Florida Statutes, the above-named corporation certifies the statement for the purpose of changing its registered office for 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, agent not required to sign

NOTE: If a corporation's registered agent is a corporation, the agent must sign and print name of the agent.

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SCHANO, MARION E.
STREET ADDRESS	9500 W. BAY HARBOR DR., PH-7F
CITY-ST-ZIP	BAY HARBOR ISLAND FL
TITLE	SD
NAME	SCHANO, EDWARD
STREET ADDRESS	9500 W. HARBOR DRIVE, PH-7F
CITY-ST-ZIP	BAY HARBOR ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-ST-ZIP	
18. TITLE	
19. NAME	
20. STREET ADDRESS	
21. CITY-ST-ZIP	
22. TITLE	
23. NAME	
24. STREET ADDRESS	
25. CITY-ST-ZIP	
26. TITLE	
27. NAME	
28. STREET ADDRESS	
29. CITY-ST-ZIP	
30. TITLE	
31. NAME	
32. STREET ADDRESS	
33. CITY-ST-ZIP	
34. TITLE	
35. NAME	
36. STREET ADDRESS	
37. CITY-ST-ZIP	
38. TITLE	
39. NAME	
40. STREET ADDRESS	
41. CITY-ST-ZIP	
42. TITLE	
43. NAME	
44. STREET ADDRESS	
45. CITY-ST-ZIP	
46. TITLE	
47. NAME	
48. STREET ADDRESS	
49. CITY-ST-ZIP	

80000014835.08
-05/11/95 -010000000000
***\$200.00 ***\$200.00

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not comply with the requirements of the Uniform Franchise Offering Circular (UFOC) Act, Florida Statutes. I further certify that the information furnished on this annual report or supplemental annual report is true and accurate and that my signature does not have the same legal effect as if such name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marion E. Schano MARION E. SCHANO 4-10-95 305-865-7744
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR