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



	PROFIT		THE SOL						Man 20 1000 0.00
CORPORATION				FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham			-		Mar 20 1998 8:00am
	JAL REPC		Secretary of State					Secretary of State	
1998				DIVISION OF CORPORATIONS				ĺ	Secretary of State
1. Corporatio	MENT :			(1)					
UNIQU	E HOMES	MAGAZINE,	INC.					ĺ	E FORMÁRIA (187 1950) BILAK TESUL BYBLIG KOLL BURLI BURLI BURLI BURLI BURLI BURLI BURLI BURLI BURLI KORL
Principal Plac	ng Address					i idalifeat ion tiado divar fafit alaxa sáit Briste aidis arast didir didir diali (alaxi isdi			
801 SECOND AVE. NEW YORK NY 10017				801 SECOND AVE. NEW YORK NY 10017					
US			US					ļ	DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified 08/31/1989
2. Principal Place of Business			2a. Ma	2a. Mailing Address					4. FEI Number Applied For
21			26						<b>52-1558401</b> Not Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				i	5. Certificate of Status Desired
City & Stat	le .			ty & State					Election Campaign Financing \$5.00 May Be
23	-		28		1- 0-				Trust Fund Contribution
Zip 24	-	Country Zip 25 29 30		30	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
			urrent Registere	d Agent					10. Name and Address of New Registered Agent
			RATION SYSTE	M INC.		81	Name		
	01 HAYS ST	REET				82	Street A	Addres	s (P.O. Box Number is Not Acceptable)
SUITE 105 TALLAHASSEE FL 32301						83			
10	LUNI INOSEE	FL 02001					0:4		leel 7: 0-d
						84	City		FL 85 Zip Code
11. Pursuant office or r	to the provision	ns of Sections 60	7 0502 and 607.1 State of Florida	1508, Florida <b>Statul</b> Such chang <b>e</b> was	es, the a authorize	bove d by	e-named the corp	corpora	ation submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
agent. I a	ı <b>m fa</b> miliar with	, and accept the	obligations of, Se	ection 607.0505, FI	orida Sta	lutes	S.		, , , , , , , , , , , , , , , , , , , ,
SIGNATURE	Signature, typied o	pointed name of registr	red agent and little if ap	plicatile. (NOT	f.: Angistere	d Age	ent signature	required s	when reinstating) DATE
12.		OFFICE	IS AND DIRECTO	·· <u>·</u>	13.	_			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P CHEM B	DIFE		☐ DELETE	1.1 1		}		Change Addition
NAME STREET ADDRESS	CHEW, BRUCE 801 SECOND AVE.					1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YOU				- 8		T- ZIP		
TITLE	\$T			DELETE	2.1 TI				☐ Change ☐ Addition
NAME		IN, DAVID			2.2 N		- 1		
STREET ADDRESS	801 SEC						ADDRESS		
CITY-ST-ZIP TITLE	MENTIU	וא או		DELETE	2.4 C		ST-ZIP		Change Addition
NAME					3.2 N				
STREET ADDRESS					3.3 \$	REET	ADDRESS	i	<b>\</b>
CITY-ST-ZIP					3.4. 0	ITY - S	ST-ZIP		
TITLE				DELETE	4.1 TI				☐ Change ☐ Addition
NAME OTOTET ADDRESS					4.2 N		1000000		
STREET ADDRESS City-St-Zip							ADDRESS T-ZIP		
TITLE	l <del></del>			DELETE	5.1 TI				☐ Change ☐ Addition
NAME					5.2 N	AME	j		
STREET ADDRESS					5.3 ST	REET	ADDRESS		
CITY-ST-ZIP				Driett	5.4 CI		T-ZIP		
TITLE				DELETE	6.1 II		{		☐ Change ☐ Addition
NAME STREET ADDRESS					6.2 N/ 6.3 S		ADDRESS		
J					_ 0.00				

64 CITY-ST-ZIP

14. I 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 of disteremental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an alterty or with an ardress.