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 DIVISION OF CORPORATIONS
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CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # P92000008798 (0)
 1. Corporation Name
 UNI-WORLD LTD., INC.

Principal Place of Business: 1801 N. PINE ISLAND RD. SUITE 201 PLANTATION FL 33322
 Mailing Address: 1801 N. PINE ISLAND RD. SUITE 201 PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1992	3b. Date of Last Report 05/27/1994
21. State Apt. #, etc.	22. City & State	26. State Apt. #, etc.	27. City & State	4. FEI Number 65-0388104	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOAQUIN DE LA COVA 11721 N.W. 11TH STREET PLANTATION FL 33323				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				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 typed or printed name of registered agent and title if applicable. If title Registered Agent Agent, print name and title.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE S. TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVA, JOAQUIN D	12. NAME	
STREET ADDRESS	1801 N PINE ISLAND RD., SUITE 201	13. STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL 33322	14. CITY, ST, ZIP	
TITLE	DV	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERWEY, BARBARA J	22. NAME	
STREET ADDRESS	1801 N PINE ISLAND RD., SUITE 201	23. STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL 33322	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 199.032(9)(b), Florida Statutes. I further certify that the information reported 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. I am an officer or director of the corporation or the registered agent or franchisee authorized 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: *Barbara J. Verwey*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR
 Barbara J. Verwey

January 12, 1995 (305) 474-1468