

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

**APPROVED  
AND  
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96 MAY -1 PM 4: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000013813 (0)**  
1. Corporation Name  
**URI'S CORPORATION**

Principal Place of Business: **1036 S.W. 1 ST. MIAMI FL 33130**  
Mailing Address: **1036 S.W. 1 ST. MIAMI FL 33130**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	2300 CORAL WAY	26	2300 CORAL WAY	12/23/1992	05/01/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0390242	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MIAMI FLORIDA,		28 MIAMI FLORIDA,		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 33145	25 US.	29 33145	30 US.	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES INC.  
1036 S.W. 1 ST.  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name	<b>FLORIDA ANNUAL REPORT SERVICES, INC.</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2300 CORAL WAY SUITE # 200</b>		
83			
84 City	85 Zip Code		
<b>MIAMI</b>	<b>FL</b>	<b>33145</b>	

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 for 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: *Amada Cantera Lopez* **AMADA CANTERA LOPEZ, PRES** (NOTE: Registered Agent Signature Required for Filing) DATE:

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE
NAME	<b>VELEZ, EURIDIS</b>
STREET ADDRESS	<b>3395 NW 32 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33142</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>400001813394</b>
23 STREET ADDRESS	<b>-05/08/96--01060--010</b>
24 CITY-ST-ZIP	<b>****200.00 ****200.00</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

*JM511*

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)(k), 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: *Euridis Velez* **EURIDIS VELEZ** DATE: **4/29/96**

CR2E034 (12/95)