

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

APPROVED
AND
FILED

0216332

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 30 11:10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013813

1. Corporation Name
URI'S CORPORATION



Principal Place of Business
2300 CORAL WAY #200 MIAMI FL 33145

Mailing Address
2300 CORAL WAY #200 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **2300 CORAL WAY**
Suite, Apt #, etc.
22 **SUITE # 200**
City & State
23 **MIAMI FLORIDA**
Zip
24 **33145** 25 **U.S.**

2a. Mailing Address
26 **2300 CORAL WAY**
Suite, Apt #, etc.
27 **SUITE # 200**
City & State
28 **MIAMI FLORIDA**
Zip
29 **33145** 30 **U.S.**

3. Date Incorporated or Qualified
12/23/1992

4. FEI Number
65-0390242 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Addition of Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY #200 MIAMI FL 33145**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. The following is the applicable and as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **AMADA CANTERA LOPEZ, PRES**

4/7/99

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	VELEZ, EURIDIS	
STREET ADDRESS	3395 NW 32 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
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"/> Add New
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****150.00 ***150.00**

[Handwritten initials]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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, with all other like empowered

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

CR2E034 (1/198)