

3-13-97 B-7101 - C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000003651 (5)

1. Corporation Name

UNIVERSAL EXPORT SERVICES, INC.



Principal Place of Business 12550 BISCAYNE BLVD. NORTH MIAMI FL 33181	Mailing Address 17064 W. DIXIE HWY. NO. MIAMI BEACH FL 33160-3723
---	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/15/1993	3a. Date of Last Report 11/13/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FTT Number 65-0381005	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

ALMAN, MARTIN H
17064 W. DIXIE HIGHWAY
N MIAMI BEACH FL 33160

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	
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 date if applicable) (NOTE: Registered Agent signature required when installing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	MAUNG, MYAT T	1.2 NAME	
STREET ADDRESS	201 N.E. 90TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	LEDEZMA, HUGO	2.2 NAME	
STREET ADDRESS	12550 BISCAYNE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI FL 33181	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 correct, or on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)