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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300005438 (5)

UNIVEX INTERNATIONAL, INC.

rincipal Place of Business	Mailing Address
2350 S.W. 132ND COURT	12350 S.W. 132ND COURT
JUITE 103	Suite 103
JIAMI FL 33186	Miami Fl 33186-6457

FILED Apr 30 1997 8:00am Secretary of State



12350 8.W. 132ND COURT SUITE 103 MIAMI FL 33186		12350 S.W. 132ND COURT SUITE 103 MIAMI FL 33186-6457			Date Incorporated or Qualified 01/25/1993		3a. Date of Last Report 04/26/1996		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	1 416		Applied For	
21		26			65-0394798		t-	Vol Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23	3 28		3 State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Count 30	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curi	ent Registered Agent		4 No. 100	10. Name and Address of New Re	gistered A	ent		
	NTT, RAGAN		l a	1 Name					
8220 SUNSET DR. Miami FL 33143			8		dress (P.O. Box Number is Not Acceptable)				
			18	3					
•			8	4 City		FL	85 Zij	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508. Florida Sh	atutes, the abo	L ve-named cor	rporation submits this statement for the p		hanging	its registered	
office or a	registered agent, or both, in the Starm familiar with, and accept the ob-	ale of Florida. Such change willingtions of Section 607 0505	as authorized Florida Statut	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	the appoi	ntment a	s registered	
SIGNATURE		-8 or conom co. 10000	, , , , , , , , , , , , , , , , , , , ,	00.					
	Signature, typed or printed name of registered			gent signature requ	uired when reinstating)	DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	PSTD ALVADEZ CELLA A	☐ DELETE	1.1 TITLE			Ĺ	Change	Addition	
name Street address	ALVAREZ, CELIA A 12350 S.W. 132ND CT. #10	9	1,2 NAM						
CITY-ST-ZIP	MIAMI FL 33186	•		E1 ADDRESS					
TITLE	1118 A111 1 1 AA 1AA	DELETE	1.4 CITY 2.1 TO LE			Г	Change	Addition	
NAME			2.2 NAM			_	_ s.idingc	- Progration	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				- \$1 - ZIP					
TITLE		DELETE	3 1 TH LE			· [Change	Addition	
NAME			32 NAM						
STREET ADDRESS			3 3 STRE	et address					
CITY-ST-ZIP		Distre	3.4. CHTY				7 6/	F-1	
TITLE NAME		☐ DELETE	4.1 HILE			L	Change	Addition	
STREET ADDRESS			4. 2 NAM						
CITY-ST-ZIP			4.3 SIRE 4.4 CITY	ET ADDRESS					
TITLE		☐ DELETE	5.1 TITLE			Change Addition			
NAME		_	5.2 NAMI			_			
STREET ADDRESS				E1 ADORESS					
CITY-ST-ZIP			5.4 CITY	ļ					
TITLE		DELETE	6.1 TITLE	 			Change	Addition	
NAME			6.2 NAMI						
STREET ADDRESS			6.3 STRE	ET ADDRESS	4				
CITY-ST-ZIP			6.4 CITY	ST-7IP					

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 frue and accurate and that my signature shall have the same legal effect as if made under oath; that tam 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.