

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000021706 (5)

1. Corporation Name

UNIVERSAL FINANCIAL GROUP, INC.

Principal Place of Business

80 SW 8TH STREET
STE #2190
MIAMI FL 33130
US

Mailing Address

80 SW 8TH STREET
STE #2190
MIAMI FL 33130
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27

City & State

23 Zip

28

Zip

24 Country

29

Country

30

9. Name and Address of Current Registered Agent

GOMEZ, LUIS
WORLD TRADE CENTER
80 SW 8TH STREET, #2190
MIAMI FL 33130

3. Date Incorporated or Qualified

03/23/1993

Applied For

Not Applicable

4. FEI Number

65-0399059

\$8.75 Additional

Fee Required

5. Certificate of Status Desired

\$5.00 May Be

6. Election Campaign Financing

Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE D
NAME GOMEZ, LUIS
STREET ADDRESS 80 SW 8TH STREET, #2190
CITY-ST-ZIP MIAMI FL

TITLE D
NAME GOMEZ, JUAN CARLOS
STREET ADDRESS 80 SW 8TH STREET, #2190
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIRTHING OFFICER OR DIRECTOR

4-22-98 (305) 3585157

CR2E034 (1097)