

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000028192 (1)

1. Corporation Name

UNIVERSAL TELECOM INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**8 WEST AVENUE "A"
BELLE GLADE FL 33430**

**8 WEST AVENUE "A"
BELLE GLADE FL 33430**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERTRAM, KEVIN C
8 WEST AVENUE "A"
BELLE GLADE FL 33430**

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 in printed name of officer or director and the applicable date)

(Signature typed in printed name of agent and the applicable date)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME **PSTD**
 STREET ADDRESS **BERTRAM, KEVIN C**
65 NE 10TH STREET
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ DELETE
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11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

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*****383.75**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)