FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED
95 MAY -1 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P93000050441

1. Corporation Name
Universal Telephonics, Inc.

Principal Place of Business
21000 N.E. 28th Avenue
Miami, FL 33180

Mailing Address
Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: July 13, 1993	3a. Date of Last Report: May '94
4. FEI Number: 65-04269065	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☒ Yes ☐ No	

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc. Suite 202
23	City & State	28	City & State
24	Zip	25 County,	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

Michael Pardes
21000 NE 28th Ave,
Miami, FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 202
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: Michael Pardes
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director, President	11 TITLE	☒ Change ☐ Addition
NAME	Michael Pardes	12 NAME	
STREET ADDRESS	21000 NE 28th Ave,	13 STREET ADDRESS	Suite 202
CITY-ST-ZIP	Miami, FL 33180	14 CITY-ST-ZIP	
TITLE	Director, Vice President	21 TITLE	☒ Change ☐ Addition
NAME	Ted Liebowitz	22 NAME	
STREET ADDRESS	21000 NE 28th Ave,	23 STREET ADDRESS	Suite 202
CITY-ST-ZIP	Miami, FL 33180	24 CITY-ST-ZIP	
TITLE	Director, Vice President	31 TITLE	☒ Change ☐ Addition
NAME	Michael Self	32 NAME	
STREET ADDRESS	21000 NE 28th Ave,	33 STREET ADDRESS	Suite 202
CITY-ST-ZIP	Miami, FL 33180	34 CITY-ST-ZIP	
TITLE	Director, Sec. Treasurer	41 TITLE	☒ Change ☐ Addition
NAME	Howard Markowitz	42 NAME	
STREET ADDRESS	21000 NE 28th Ave,	43 STREET ADDRESS	Suite 202
CITY-ST-ZIP	Miami, FL 33180	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

E00001473026
-05/03/95--01064--024
****8.75 ****208.75

KC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Michael Pardes Michael Pardes 4/27/95 (305) 932-2884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #