

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058342 (5)

1. Corporation Name

UNIQUE EUROPEAN DESIGNS, INC.



Principal Place of Business

Mailing Address

300 3 ISLAND BLVD
APT PH 4B
HALLANDALE FL 33009
US

300 THREE ISLAND BLVD
APT PH 4B
HALLANDALE FL 33009
US

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

3. Date Incorporated or Qualified

08/19/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0438803

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.0509, Florida Statutes.

SIGNATURE

By the Agent, print the name of the Agent, and the title of the Agent.

By the Registered Agent, print the name of the Agent, and the title of the Agent.

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
LOPEZ, ERDMUTE
300 3 ISL BLVD APT PH 4B
HALLANDALE FL

12.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
FELSEN, CHRYSAL S
% 18260 NE 19TH AVE SUITE 202
NORTH MIAMI BEACH FL 33162

12.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☒ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

HALLANDALE, FL 33009-2893

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

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)(k), 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:

Erdmute Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

305) 458 8086
By the Agent

CR2E034 (12/95)