ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 27 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088751 (1)

1. Corporation Name
UNITEX MARKETING INC.

Principal Place of Business	Mailing Address
5100 NW 165TH STREET MIAMI FL 33014	5100 NW 165TH STREET MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1993
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business
21: 4440 N.E. 29TH AV.
22: Suite, Apt. #, etc
23: City & State: LIGHTHOUSE POINT, FL
24: Zip: 33064
25: Country: BROWARD

2a. Mailing Address
26: 4440 N.E. 29TH AV.
27: Suite, Apt. #, etc.
28: City & State: LIGHTHOUSE POINT, FL
29: Zip: 33064
30: Country: BROWARD

4. FEI Number: 65-0458908 ☐ 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

9. Name and Address of Current Registered Agent

WOLFSON, WILLIAM CPA
11848 FOUNTAINSIDE CIRCLE
BOYNTON BEACH FL 33437

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 607.0505, Florida Statutes.

SIGNATURE: William Wolfson 1/17/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: If registered agent signature is required, actual manual signature — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	MANZO, JOSEPH	12 NAME	MANZO, JOSEPH
STREET ADDRESS	5237 NORTHWEST 39TH AVENUE	13 STREET ADDRESS	4440 N.E. 29TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY ST ZIP	LIGHTHOUSE POINT, FL 33064
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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	

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 if changed or added on the attachment with an address.

SIGNATURE: Joseph Manzo 2-22-95 305-946-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0098101 CP