FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000019140 (0)**

1. Corporation Name
UNIVERSE SATELLITE, INC.

Principal Place of Business	Mailing Address
670 N.W. 114TH AVE. #102 MIAMI FL 33172	670 N.W. 114TH AVE. #102 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 11398 W. Flagler St.	26 11398 W. Flagler St
Suite, Apt. #, etc. 22 207	Suite, Apt. #, etc. 27 207
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip 24 33174	Zip 29 33174
Country 25 U.S	Country 30 U.S.

4. FEI Number: 65-0473213 ☐ 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

PORRAS, JORGE E
670 N.W. 114TH AVE.
#102
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: Miguel Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable): 11398 W. Flagler St
83: suite 207
84 City: Miami FL 85 Zip Code: 33174

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: X Miguel Rodriguez — 3/12/95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	PORRAS, JORGE E	12 NAME	Miguel Rodriguez	
STREET ADDRESS	670 N.W. 114TH AVE. #102	13 STREET ADDRESS	1975 W. 44 Pl #A-301	
CITY-ST-ZIP	MIAMI FL 33172	14 CITY-ST-ZIP	Hialeah, FL. 33016	
TITLE		21 TITLE	V-P/D	☐ Change ☒ Addition
NAME		22 NAME	Rolando Lozano	
STREET ADDRESS		23 STREET ADDRESS	11201 S.W 7 ST #A-204	
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, FL. 33172	
TITLE		31 TITLE	T/D	☐ Change ☒ Addition
NAME		32 NAME	Graciela Rodriguez	
STREET ADDRESS		33 STREET ADDRESS	1975 W. 44 Pl #A-301	
CITY-ST-ZIP		34 CITY-ST-ZIP	Hialeah, FL. 33012	
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 on an attachment with an address.

SIGNATURE: X Miguel Rodriguez — 3/12/95 — (305) 559-7522
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0105686 CF