

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 04 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P94000029793 (4)**  
1. Corporation Name  
**UNIVERSE FINANCIAL SERVICES, INC.**



Principal Place of Business: 8390 W. FLAGLER STREET, SUITE 103, MIAMI FL 33144, US  
Mailing Address: 8390 FLAGLER STREET, SUITE 103, MIAMIE FL 33144, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 9700 SW 24 st, Suite C, Miami, FL, 33165, Dade  
2a. Mailing Address: 26 9700 SW 24 st, Suite C, Miami, FL, 33165, Dade

3. Date Incorporated or Qualified: 04/18/1994  
4. FEI Number: 65-0487281  
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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes

9. Name and Address of Current Registered Agent: BEJERANO, SAMUEL JR, 8390 W FLAGLER ST SUITE 103, MIAMI FL 33144

10. Name and Address of New Registered Agent: 81 Name: Bejerano, Samuel Jr., 82 Street Address: 9700 SW 24 st., suite C, 83 City: Miami, FL, 85 Zip Code: 33165

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] DATE: 4/22/98

12. OFFICERS AND DIRECTORS

TITLE	P	BEJERANO, SAMUEL	8390 W FLAGLER ST SUITE 103 MIAMI FL	<input type="checkbox"/> DELETE
TITLE	V	BEJERANO, ALICE	8390 W FLAGLER STREET STUIE 103 MIAMI FL	<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9700 SW 24 st. suite C
1.4 CITY-ST-ZIP	Miami FL. 33165
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9700 SW 24 st. C
2.4 CITY-ST-ZIP	Miami FL. 33165.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: [Signature] DATE: 4/22/98

CR2E034 (10/97)