

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000036670 (5)

1. Corporation Name:

UNIVERSAL SUPPORT SERVICES CORP.

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

Principal Place of Business:

**2222 S.W. 69TH AVE.
MIAMI FL 33155**

Mailing Address:

**2222 S.W. 69TH AVE.
MIAMI FL 33155**

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report

2. Principal Place of Business:

21. State, Apt #, etc.

2a. Mailing Address:

26. State, Apt #, etc.

4. FEI Number

05-0494341

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

6. This corporation has authority to file for the under Florida Statutes.

Yes No

9. Name and Address of Current Registered Agent

**DE TORO, MAURAA
2222 S.W. 69TH AVE.
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0602, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent)

(Signature of New Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY, STATE, ZIP

12.4 NAME
12.5 STREET ADDRESS
12.6 CITY, STATE, ZIP

12.7 NAME
12.8 STREET ADDRESS
12.9 CITY, STATE, ZIP

12.8 NAME
12.9 STREET ADDRESS
12.10 CITY, STATE, ZIP

12.9 NAME
13.0 STREET ADDRESS
13.1 CITY, STATE, ZIP

**PST
DE TORO, MAURA
2222 S.W. 69TH AVE.
MIAMI FL 33155**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

13.1 NAME
13.2 STREET ADDRESS
13.3 CITY, STATE, ZIP

13.4 NAME
13.5 STREET ADDRESS
13.6 CITY, STATE, ZIP

13.7 NAME
13.8 STREET ADDRESS
13.9 CITY, STATE, ZIP

13.8 NAME
13.9 STREET ADDRESS
13.10 CITY, STATE, ZIP

13.9 NAME
14.0 STREET ADDRESS
14.1 CITY, STATE, ZIP

14.0 NAME
14.1 STREET ADDRESS
14.2 CITY, STATE, ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made personally. I am an officer or director of the corporation or the receiver or liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment to this report.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/95 (305) 266-8186