

**PROFIT CORPORATION ANNUAL REPORT 1995**

Florida Department of Banking & Finance  
 Bureau of Administration  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUL -3 AM 8:35

**DOCUMENT # P94000052202 (6)**  
 1. Corporation Name  
**UNIVISION REALTY, INC.**

Principal Place of Business      Mailing Address  
**11760 SW 102ND ST. MIAMI FL 33186**      **11760 SW 102ND ST. MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted      3a. Date of Last Report  
**07/11/1994**  
 4. FLI Number       Amended For  
**65-0570862**       Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required  
 6. Taxer       \$5.00 May Be Added to Fees  
 Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
 21      26  
 Suite, Apt. #, etc      Suite, Apt. #, etc  
 22      27  
 City & State      City & State  
 23      28  
 Zip      Country      Zip      Country  
 24      25      29      30

9. Name and Address of Current Registered Agent  
**KELLY, DANIEL M**  
**11760 SW 102ND ST.**  
**MIAMI FL 33186**

10. Name and Address of New Registered Agent  
 61 Name  
 62 Street Address (P.O. Box Number is Not Acceptable)  
 63  
 64 City      FL      65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of registered agent and the applicable      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>KELLY, DANIEL M</b>
STREET ADDRESS	<b>11760 SW 102ND ST.</b>
CITY, ST, ZIP	<b>MIAMI FL 33186</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information in this filing is true and accurate and that my signature shall have the same legal effect as if made in person. I am a director of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name is approved in Block 12 or Block 13.

SIGNATURE:       6/27/95

CR2E034 (3/95)