FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # P94000055247 (8)

1. Corporation Name

UNICORN PROPERTY MANAGEMENT CORP.

Principal Place of Business	Mailing Address
4852 SHERIDAN STREET HOLLYWOOD FL 33021	4852 SHERIDAN STREET HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report: 02/27/1995
4. FEI Number: 65-0509162 — [ ] 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. [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2175 NE 120TH ST.	26 2175 NE 120TH ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 N. MIAMI, FLORIDA	City & State 28 N. MIAMI, FLORIDA
Zip 24 33181 — Country 25 U.S.	Zip 29 33181 — Country 30 U.S.

9. **Name and Address of Current Registered Agent**

ROBERT D. BURGS P.A.
817 S. UNIVERSITY DRIVE
SUITE 122
PLANTATION FL 33324

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TSD	[X] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	ALEMAN, ENRIQUE		1.2 NAME		
STREET ADDRESS	4852 SHERIDAN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE	PD	[ ] DELETE	2.1 TITLE	PTD	[X] Change [ ] Addition
NAME	LANEVE, RONALD R.		2.2 NAME	LANEVE, RONALD R.	
STREET ADDRESS	3590 SO. STATE RD. 7, APT. 1		2.3 STREET ADDRESS	2175 NE 120TH ST.	
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP	N. MIAMI, FLORIDA 33181	
TITLE	VPD	[X] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	ALEMAN, HENRY		3.2 NAME		
STREET ADDRESS	2261 CHESTNUT COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE	VPSD	[ ] Change [X] Addition
NAME			4.2 NAME	LANEVE, MICHELLE M.	
STREET ADDRESS			4.3 STREET ADDRESS	2175 NE 120TH ST	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	N. MIAMI, FLORIDA 33181	
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 119.07(3)(k), 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: Ronald R. LaNeve — 3/15/96 — (305) 892-1437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)