

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000072464 (8)**

1. Corporation Name

UNIVERSAL INVESTMENT STRATEGIES, INC.



Principal Place of Business

Mailing Address

**601 BRICKELL KEY DR SUITE 805
MIAMI FL 33131**

**601 BRICKELL KEY DR SUITE 805
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21 **1790 CORAL WAY**

26 **1790 CORAL WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 200**

27 **SUITE 200**

City & State
23 **Miami, FL**

City & State
28 **MIAMI, FL**

Zip
24 **33145**

Country
25 **USA**

Zip
29 **33145**

Country
30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN & GALEGO
601 BRICKELL KEY DR SUITE 805
MIAMI FL 33131**

81 Name
GLORIA MARTIN

82 Street Address (P.O. Box Number is Not Acceptable)
1790 CORAL WAY

83

City
SUITE 200

MIAMI

85 Zip Code
FL 33145

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 of officer or director of registered agent (if not a corporation)

GLORIA MARTIN

3/07/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
AMANCIO JUAREZ
601 BRICKELL KEY DR. ST 805
MIAMI FL 33131

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RAFAEL DIAL BALART
601 BRICKELL KEY DR. ST 805
MIAMI FL 33131

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROBERT N. ALLEN JR.
601 BRICKELL KEY DR. ST 805
MIAMI FL 33131

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P
AMANCIO V. SUAREZ
1790 CORAL WAY - SUITE 200
MIAMI, FL 33145

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V
RAFAEL DIAZ BALART
1790 CORAL WAY - SUITE 200
MIAMI, FL 33145

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
S
RAFAEL DIAZ-BALART
1790 CORAL WAY - SUITE 200
MIAMI, FL 33145

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
T
AMANCIO J. SUAREZ
1790 CORAL WAY - SUITE 200
MIAMI, FL 33145

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)