
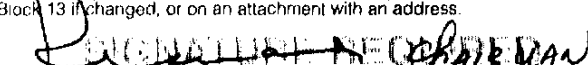


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000072464 (8)</b>					
1. Corporation Name <b>UNIVERSAL INVESTMENT STRATEGIES, INC.</b>					
Principal Place of Business <b>1780 CORAL WAY SUITE 200 MIAMI FL 33145 US</b>			Mailing Address <b>1780 CORAL WAY SUITE 200 MIAMI FL 33145-2782 US</b>		
2. Principal Place of Business 21 <b>16501 N.W. 16 Court</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami FL</b> Zip 24 <b>33169</b>		2a. Mailing Address 26 <b>16501 N.W. 16 Court</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami, FL</b> Zip 29 <b>33169</b>		3. Date Incorporated or Qualified <b>10/03/1994</b>	
				3a. Date of Last Report <b>03/15/1996</b>	
				4. FEI Number <b>65-0535666</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MARTIN, GLORIA 1780 CORAL WAY SUITE 200 MIAMI FL 33145</b>			10. Name and Address of New Registered Agent 81 Name <b>GLORIA MARTIN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>16501 N.W. 16 Court</b> 83 84 City <b>Miami</b> <b>FL</b> 85 Zip Code <b>33169</b>		
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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>C SUAREZ, AMANCIO V</b> STREET ADDRESS <b>7280 LAGO DRIVE WEST</b> CITY-ST-ZIP <b>MIAMI FL 33143</b>			1.1 TITLE <b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>SUAREZ, AMANCIO V.</b> 1.3 STREET ADDRESS <b>16501 N.W 16 CT</b> 1.4 CITY-ST-ZIP <b>MIAMI FL 33169</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>P BALART, RAFAEL DIAZ</b> STREET ADDRESS <b>101 OCEAN LANE DR #4015</b> CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>ST SUAREZ, AMANCIO J</b> STREET ADDRESS <b>158 ISLA DORADA BLVD</b> CITY-ST-ZIP <b>MIAMI FL 33143</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>T SUAREZ, AMANCIO J</b> STREET ADDRESS <b>1780 CORAL WAY SUITE 200</b> CITY-ST-ZIP <b>MIAMI FL</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

4-23-97 305-621-4221  
Date Daytime Phone #  
0203291