SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000009585 (7)**

1. Corporation Name
UNITE INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
1830 N.E. 56TH STREET #4 FT. LAUDERDALE FL 33308-2457	1830 N.E. 56TH STREET #4 FT. LAUDERDALE FL 33308-2457

3. Date Incorporated or Qualified: 02/06/1995
3a. Date of Last Report:
4. FEI Number: 65-0553667 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 2840 NE 14 ST	26 P.O. BOX 50335	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Suite, Apt. #, etc: 22 104D	Suite, Apt. #, etc: 27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	
City & State: 23 Pompano Beach FL	City & State: 28 Pompano Bch, FL		
Zip: 24 33062 Country: 25 USA	Zip: 29 33074 Country: 30 USA		

9. Name and Address of Current Registered Agent

LIBERATORE, MICHAEL J
21 PALERMO AVENUE
CORAL GABLES FL 33134

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	
NAME	BARBOSA, MARTHA M	
STREET ADDRESS	PRAQA SANTOS DUMOND 40, APT. 303	
CITY-ST-ZIP	GRAVES RIO DE JANEIRO 22470	
TITLE	V-P	☐
NAME	MARICA MARIN	
STREET ADDRESS	2840 NE 14ST 104 D	
CITY-ST-ZIP	Pompano BCH FL 33062	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change ☑ Addition ☐
11 TITLE		
12 NAME		
13 STREET ADDRESS	AV. LINEU DE PAULA MACHADO 836/201	
14 CITY-ST-ZIP	LAGOA RIO DE JANEIRO BR 22470-090	Change ☐ Addition ☑
21 TITLE	V-P	
22 NAME	MARICA MARIN	
23 STREET ADDRESS	2840 NE 14 ST - 104D	
24 CITY-ST-ZIP	Pompano BCH FL 33062	Change ☐ Addition ☐
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		Change ☐ Addition ☐
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		Change ☐ Addition ☐
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		Change ☐ Addition ☐
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		Change ☐ Addition ☐

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 8/5/96 Date 954-9465030 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

0075657 CP