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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000016666**
1. Corporation Name
Unique Crystal Inc.

Principal Place of Business Mailing Address
**1181 S. Rogers Circle
Suite 3
Boca Raton, FL 33487** **SAME**

2. Principal Place of Business 2a. Mailing Address
1181 S. Rogers Circle
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 3 **SAME**
City & State City & State
Boca Raton FL.
Zip Country Zip Country
33487 **Palm Beach** **30**

3. Date Incorporated or Qualified **Feb. 28, 1995** 3a. Date of Last Report **05/24/96**
4. FEI Number **65-0562323** 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**HRAWG Corp.
2000 Glades Road
Suite 400
Boca Raton, FL. 33431 US**

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 **Anthony L. Dutton, Esq.** **05/05/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1. TITLE ☐ DELETE
NAME **President**
STREET ADDRESS **Peter Ferreira**
CITY - ST - ZIP **1181 S. Rogers Circle Suite 3**
Boca Raton, FL. 33487
2. TITLE ☐ DELETE
NAME **Vice President**
STREET ADDRESS **Wilfredo Garcia**
CITY - ST - ZIP **1181 S. Rogers Circle Suite 3**
Boca Raton, FL. 33487
3. TITLE ☐ DELETE
NAME **Secretary**
STREET ADDRESS **Linda Canale**
CITY - ST - ZIP **1181 S. Rogers Circle Suite 3**
Boca Raton, FL. 33487

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ 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]** **5/05/97** **561-989-8963**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)