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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000017258 (1)
1. Corporation Name
UNIVERSE TRADING CORPORATION



Principal Place of Business: **430 MALAGA AVE. SUITE 4 CORAL GABLES FL 33134**

Mailing Address: **430 MALAGA AVE. SUITE 4 CORAL GABLES FL 33134-0355**

3. Date Incorporated or Qualified: **03/01/1995**

3a. Date of Last Report: **04/04/1996**

2. Principal Place of Business

21. **1630 SW 1st AVE**

22. **S - 9B**

23. **MIAMI FL**

24. **33129** 25. **USA**

2a. Mailing Address

26. **1630 SW 1st AVE**

27. **S - 9B**

28. **MIAMI FL**

29. **33129** 30. **USA**

4. FEI Number: **65-0563094**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**EUGENIO, JOCE K.E.
430 MALAGA AVENUE- SUITE 4
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable): **1630 SW 1st AVE**

83. **SUITE 9B**

84. City: **MIAMI** 85. Zip Code: **FL 33129**

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		DELETED
TITLE	PST	<input type="checkbox"/>
NAME	EUGENIO, JOCE K E	
STREET ADDRESS	430 MALAGA AVENUE, SUITE 4	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/>
NAME	ALMENDRA, FRANCISCO	
STREET ADDRESS	430 MALAGA AVENUE, SUITE 4	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	1630 SW 1st AVE S - 9B		
1.4 CITY - ST - ZIP	MIAMI FL 33129		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	1630 SW 1st AVE S - 9B		
2.4 CITY - ST - ZIP	MIAMI FL 33129		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: **EUGENIO** 4/8/97 (305) 3791525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)